WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Helping keep Maternity safe

INTEGRATED ANNUAL REPORT

WDHB MATERNITY QUALITY AND SAFETY PROGRAMME (MQSP) 2017/2018 & MATERNITY 2017

Introduction

Acknowledgment goes to the mothers and their families/whānau who have experienced a loss of their babies/pēpē during their childbearing journey.

The fourth annual Whanganui District Health Board (WDHB) combined Maternity Quality and Safety Programme (MQSP) and Maternity Annual Report provides an overview of the work completed during the 2017/2018 year.

This report should be read alongside the accompanying poster which has been developed to share information with our community.

Our DHB profile is unique with high rates of deprivation, poor health status compared to the rest of New Zealand and a high and growing proportion of Māori. We have a small hospital servicing a widely dispersed population base over 9,742 km^2 with large travel distances to the bigger hospitals.

Our maternity services in the Whanganui district

95 percent of women were either satisfied or very satisfied with Their stay in hospital.

Visit Whanganui Hospital's maternity unit following this link:
https://wdhb.org.nz/view/page/our-departments-and-wards/story/whanganui-hospital-s-maternity-unit/

Whanganui Hospital's Maternity Unit - Whanganui District Health Board

Primary birthing services are provided at home, in the primary birthing units in Waimarino (Raetihi and Ohakune area) and Taihape (upper and middle Rangitikei area), and at Whanganui Hospital. Home births are also provided by lead maternity carers (LMC) and account for approximately five percent of births in the region. Women requiring secondary services during pregnancy, labour or immediately post-birth are referred to Whanganui Hospital.

Secondary maternity services are provided at Whanganui Hospital and include antenatal consultations, birthing services, elective and emergency caesarean section, and inpatient antenatal and postnatal services.

Over 70 percent of all women living in the Whanganui region are registering with their LMC in the first 12 weeks of pregnancy. Some women are booking after this time and amongst the reasons they give are:

- They have already seen their GP.
- They were referred by another LMC.
- The woman didn't realise she was pregnant.
- There is a language barrier.
- Major social issues i.e.: lack of transport.
- They have recently moved to the area.
- Non-resident.
- They didn't realise they should be booking before 12 weeks.
- Previous pregnancies were normal, only wanting a scan.

Whanganui Hospital

Whanganui Hospital's Maternity Unit provides primary and secondary birthing services for all women in the Whanganui region, but is mostly accessed by women requiring a primary level of care with their LMC. The unit has three birthing rooms, one special care room, two flexi-beds (birthing, acute assessment, antenatal and postnatal beds) and eight postnatal beds. Caesarean sections are carried out in the general theatre in close proximity on the same floor. The obstetric antenatal clinics take place in the general outpatients department.

Some of the most frequently accessed services to enable a more multidisciplinary approach to maternity care include:

- Lactation consultant (breastfeeding support)
- Maternal mental health
- Social work services
- SCBU/NNU
- Haumoana/whānau navigator
- Te Rerenga Tahi/Oranga Tamariki
- Daily ward visits by the Quit coaches (becoming smoke free)
- Physiotherapy
- Diabetes services for women with existing or diagnosed diabetes in pregnancy

Whanganui Hospital workforce

WDHB has a group of specialist obstetrician/gynecologists who provide rostered cover 24-hours a day/seven days a week. Maintaining specialist cover, ensuring clinical competency with relatively low numbers of women requiring secondary services and retaining resources given the increasing trend of sub-specialisation remains a concern, as it is for all small and medium-sized DHBs. At the time of the report, Whanganui DHB was advertising for an obstetrician/gynecologist.

Other members of the secondary service team include a registrar, house officer, midwifery educator, charge midwife, lactation consultant, core midwives, a nurse, administrator and health care assistants *(see Appendix two for FTE break down)*.

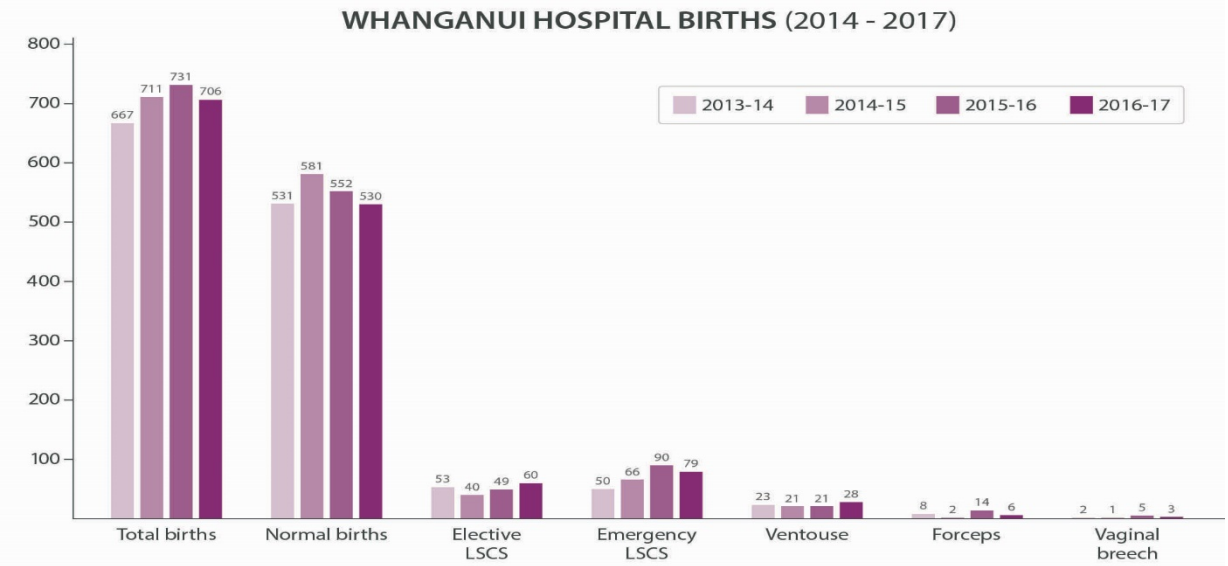
Maternity carers' professional development

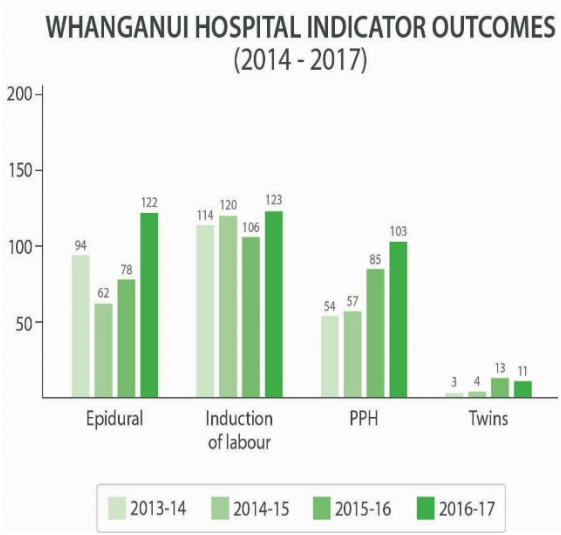
The planning and focus of the DHB and Midwifery Educator is to provide study days and education to enable maternity care provider's opportunity to attend continuing education as well as meet compulsory requirements for professional registration. Examples include:

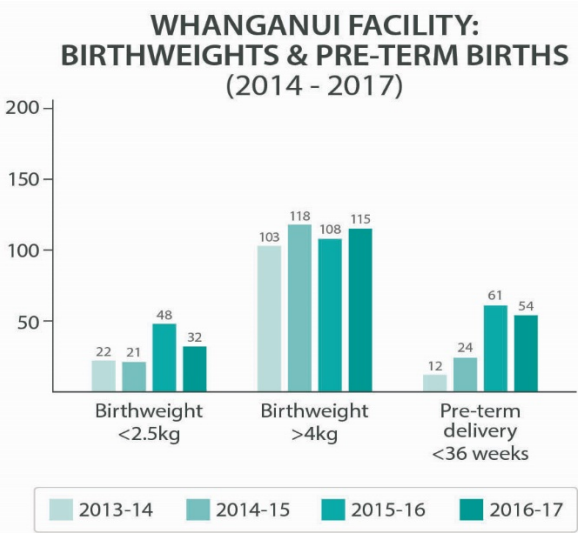
- annual combined emergency study days
- referral Guideline workshops
- a Fetal Surveillance Education with the Royal College of Obstetricians and Gynaecologists (RANZCOG)
- two Growth Assessment Protocol (GAP) workshops
- two Practical Obstetric Multi-Professional Training (PROMPT) courses
- three full day neonatal life support courses
- midwives: Competent and informed study day
- workshops on suture and repair of the perineum.

Birth Statistics 2014 – 2017

There were slightly less births in 2016/17 than the previous two years, and a decrease in the percentage of normal births. The decrease in normal births can be accounted for in the increase in Ventouse deliveries. The overall caesarean and forceps deliveries remained static.







In the last year, there was a decrease in premature (< 36 weeks gestation) births.

Adverse obstetric outcomes tracking

At Whanganui DHB, we investigate adverse outcomes across healthcare. In maternity, an adverse obstetric outcome is an unintended and or unexpected obstetric injury or complication that results in disability, death or prolonged hospital stay for the new-born and/or mother. The aim of tracking and investigating these events is to ensure that we share lessons learned and apply them in practice.

The findings and recommendations for anal sphincter trauma, maternal admissions to the Critical Care Unit and low Apgar's have been presented to members of the MQSP and Maternity Service Improvement Group. Additionally, the low Apgar's review has been presented at the Perinatal Case Review forum with recommendations around the interpretation and intervention on abnormal cardiotocography (CTG).

All DHB-employed maternity staff attended the RANZCOG Fetal Surveillance Education Programme in 2017, which assists in improving people's understanding of CTG and how to interpret them appropriately. The need for clear pathways of communication has been identified, for example using the ISBAR tool, which ties in with the midwifery handover project.

Maternity experience survey

The survey is mailed out to families and seeks feedback on care and suggestions for improvement. A summary of feedback is circulated to management and staff, displayed on a consumer noticeboard, positive comments passed onto staff and learnings are actioned.

The response rate was down five percent from 2016 to 37 percent of women birthing at Whanganui Hospital. However, there was a significant upturn in response for Māori women from 12 percent in 2016 to 34 percent in 2017.

Although the numbers are small, 10 percent of women rated their length of stay in hospital as too long. The stories relate to mother's unanticipated caesarean section, feeding complications and babies stay extended by admission to SCBU.

More positive comments were received about breastfeeding advice. This supports the effectiveness of midwives using the WDHB Breastfeeding Guide and Mama Aroha Breastfeeding Talk Cards to improve consistency of breastfeeding messages for mothers during their hospital stay.

New in 2017, the frequency of cleaning and rubbish removal from postnatal rooms for the duration of stay was negatively criticised. Mother's also noted relationships with or how their partner was acknowledged by maternity staff is an area for improvement.

Maternal and new-born health outcomes at a district level

Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP)
Prior to the introduction of universal newborn hearing screening in New Zealand, the average age of detection of hearing loss was around 3½ to 4 years of age. In New Zealand, up to 170 babies are born each year with a significant hearing loss, with Māori and Pacific babies and children being more likely to have a hearing loss than other children. The New Zealand programme was designed to identify this type of hearing loss at a much earlier age.

The core goals of the UNHSEIP are based on international programme measures and are described as '1-3-6' goals:
'1' Babies to be screened by 1 month of age
'3' Audiology assessment completed by 3 months of age
'6' Starting appropriate medical and audiological services, and early intervention education services, by 6 months of age.

Live births	897
Offered screening	883
Declined screening	7
Completed by 1 month of age	752
Completed after 1 month of age	70
Pass obtained by WDHB / other DHB	763
Screening not completed *20 of these were discharged to home DHB	60
For hearing surveillance due to risk factors	3
Hearing loss diagnosed *conductive 2, sensorineural 1	3

The WDHB service has some capacity challenges with an increased number of babies requiring outpatient appointments and a shortage of regular screeners. Improvement in the number and timeliness of babies being screened is anticipated with the designated screener in place.

Blood transfusion during birth admission
Blood transfusions are an indicator of long term morbidity and potential for life threatening postpartum haemorrhage, the volume of blood lost during the procedure is considered in excess of 1000 mL.

In 2017, WDHB became more active in increasing women's iron levels in pregnancy with iron infusions and consideration given to these after birth as well. This is in line with the majority of regions and we anticipate a reduction in blood transfusion rates in the 2017 clinical indicators.

Preterm birth
The review of preterm births is still underway.

Preliminary findings indicate women from our rural communities are presenting in spontaneous preterm labour with ruptured memebranes.

Both ladies we met with about screening were thorough and completely helpful with information and answering questions ☺

NBHS Compliments and complaints feedback

Maternity related services provided in both the community and hospital setting

Early Pregnancy Assessment Unit (EPAU)
EPAU is an outpatient service for women experiencing potential or actual early pregnancy loss, before 14 completed weeks of pregnancy, in a stable condition. Located in Whanganui Hospital's Outpatients Department, EPAU is staffed five mornings a week by a nurse/midwife and the consultant on call for the day.

Women may be referred to EPAU for a number of reasons including bleeding and/or pain with a positive pregnancy test, a previous history of problems in early pregnancy, such as an ectopic pregnancy, molar pregnancy or multiple miscarriages. Women may self-refer or will be referred by a registered health professional such as their LMC or GP, or through the Emergency Department.

This 'one stop shop' approach, coupled with the opportunity to see the same people, has been greatly accepted by the clients. Between February 2014 and 31 December 2017, the EPAU has seen a total of 1,356 women (651 as first visits).

Data for January – December 2017

New client visits	181	(+8 others referred who did not attend (DNA) their appointment)
Follow up visits	258	(+13 scheduled DNA)

Diagnosis at first visit		
Intrauterine viable pregnancies	49	
Intrauterine non-viable pregnancies	31	
Intrauterine uncertain viability	30	
Complete/incomplete miscarriage	17	
Pregnancy Unknown Location	38	(x3 ectopic confirmed at F/U)
Ectopic (tubal) pregnancies	2	
Molar/partial pregnancies	0	
Other	11	

Pregnancy and Parenting Programmes
Whanganui Regional Health Network (WRHN) provides antenatal classes and have noticed a decline in enrolment in the mainstream classes. While there is still a need to offer and provide the six two-hour classes, Māori, Pacifica and under 20-year-old women and whānau require a more responsive curriculum and this has been addressed through the Hapu Wahine and Whānau days.

Classes on offer are as follows:

- 6 week evening classes comprising of six 2hr sessions
- Sunday classes comprising of two 6hr sessions
- Hapu Wahine & Whānau days. Five to six hour 'One Stop Shop' in a tikanga-supported environment.
- Four-hour labour, birthing and postnatal sessions including wraparound services,
- one on one sessions, also including wrap around service
- Rural classes in Marton, Waimarino, and Taihape are flexible and offered as and when required. The rural educators are also trained Safe Sleep Space distributors and provide this service along with referral on to other support services as part of their conversations with families.

Hapu Wahine and Whānau days are held at Te Piringa Whānau and support includes a pick-up and drop-off service is provided by WRHN with support from Te Hau Ranga Ora, Maori Health Service. These days offer a wrap-around service which includes meeting health workers and social agencies in an informal environment. The Manaaki Te Whānau outreach immunisation team offers Influenza and Boostrix vaccination on the day. Smoking cessation support is offered and referrals to the quit coaches are made. Healthy homes are discussed and referral to the subsidised insulation scheme is made when appropriate. Safe Sleep Spaces are distributed.

Special Care Baby Unit

Whanganui Hospital's Special Care Baby Unit (SCBU) is a four-cot, Level 2 Unit providing specialist neonatal care for neonates who are born with special needs or develop special needs prior to discharge from the Maternity Unit.

The level of service includes:

- Care for babies with moderate complications and >32 weeks gestation and >1500 gms in weight
- Provision for resuscitation and stabilisation prior to transfer to a tertiary hospital.

Common admissions are babies with low blood sugars, low temperature or breathing difficulties. To support these babies the unit has incubators, warming cots, an increased ambient room temperature, ventilator, continuous positive airway pressure (CPAP)[1], high and low flow oxygen and when getting ready for home - wool items to wrap babies in.

The paediatric team has a close liaison with Wellington Hospital, our tertiary centre who support stabilisation prior to transfer out any viable baby that requires its support. Nursing staff are trained to retrieve babies via air transport or ambulance from other centres to bring families back to their home environment once babies meet our admission criteria and are well enough to travel. Nursing staff can also distribute pepi-pods to families requiring this safe sleep bed. Newborn hearing screening is also completed prior to discharge. Care for all babies is family-centred and the establishment of breastfeeding is a priority.

Lactation consultants and breastfeeding support

A lactation consultant (LC) is employed by the hospital maternity unit (part-time LC, part-time BFHI coordinator) Monday to Friday to help women and staff with any complicated breastfeeding problems. This service is further enhanced with one other member of the midwifery staff also being an International Board Certified Lactation Consultant. In the coming year we have another midwife sitting the IBLCE exam.

> *"Lactation consultant helped so much with latching. Everything was explained perfectly."*
> Comment from maternity experience

Community clinics are held two days a week and can be accessed by self-referral in pregnancy or after birth or by referral from LMC, GP and Well Child providers (see appendix 1 for contact details).

[1] Continuous positive airway pressure (**CPAP**) is a form of positive airway pressure ventilator, which applies mild air pressure on a continuous basis to keep the airways continuously open in infants who are not able to breathe spontaneously on their own.

Lactation consultant referrals Jan – Dec 2017

	Total inpatient visits	New	follow-up	Total outpatient clinic visits	New	follow-up	Total New Referrals
Full year totals	541	273	268	112	93	61	366

Whanganui families whose babies are tongue-tied are disadvantaged by the lack of an affordable frenotomy (tongue-tie release) service in the city. The DHB provides no service, so parents without the money to pay for expensive laser treatment have to travel to Palmerston North for GP treatment or give up breastfeeding. Action is needed on this, as New Zealand College of Midwives is very clear that the DHB must be the credentialing authority for staff performing frenotomy.

Baby Friendly Hospital Initiative and infant feeding

Breastfeeding rates on discharge from WDHB maternity unit in 2017 remain consistently high (89 percent) and the 'ever breastfed' rate is 96 percent[2]. There were only four percent of babies' formula feeding on discharge from hospital.

Staff education this year focused on how breastfeeding supports the human microbiome. The documentary "Microbirth" in February has been made available to the public. It is hoped that theatre staff will all be able to see the documentary, which looks at how Caesarean section affects the infant's microbiome, and whether we can take action to restore the natural microbiome.

We received NZBA accreditation audit process in October 2016 In recognition of our fourth successful accreditation we now have a beautiful white limestone carving to add to our collection of certificates, and have earned a four-year audit cycle.

Margaret Colway, Lactation Consultant with BFHI accreditation sculpture

Safe sleep for baby

Pepi-Pods and Wahakura are a protected place for babies to sleep in. They can be placed in the parents' bed while still giving the baby its own safe sleeping space. They are portable for use on a couch or when the baby is away from home.

Pepi-pods and wahakura (safe sleep spaces) are distributed to whānau/families by 'Change for our Children' certified distributors. In 2017, 34 percent of the safe sleep spaces distributed were wahakura and the remainder pepi-pods.

All our pepi-pods and wahakura come complete with bedding including a merino blanket. Avoiding the use of polar fleece garments/bedding as they are made from recycled plastic fibres like coke bottles, and do not breathe contributing to babies becoming overheated.

[2] This is a new MoH statistic, defined as any breastfeeding at all, even one feed.

What is the criteria for being issued with a pepi-pod or wahakura?
The focus is for every sleep for baby to be a safe sleep. All mothers can ask for a Pepi-pod or Wahakura, with priority given to any one of the following criteria:

- Māori (57%)
- Pacific Island (8%)
- Baby exposed to smoke before birth
- Premature baby
- Low birth weight
- Regular alcohol smoking or drug use in household
- Bed sharing
- Mother on medications which may contribute to drowsiness
- Teenage mother

Achieving against our work plan 2017/18

Priorities, deliverables and planned actions	**Update as at 30 June 2018**	**Status**
Invest in midwifery workforce and leadership planning within WDHB	Proposal for midwifery leadership position supported by Chief Executive and position description in development.	
Support the implementation of the recommendations from the small for gestational age (SGA) audit	GAP training of all employed maternity staff and offered to LMCs.	
Support the implementation of the recommendations from the local adverse obstetric case.	Postpartum haemorrhage (PPH) – PROMPT training and PPH guideline introduced Tranexamic acid and Carboprost. Low apgars – fetal surveillance training for all maternity care providers, incentivised for LMCs and fresh eyes check on CTGs. Anal sphincter trauma – policy under development.	
Review the newborn metabolic screening processes and pathway in WDHB with the aim to improve transit time	National Screening Unit utilising courier services since January 2018 as Fastpost service disestablished.	
Publish the maternity consumer survey (national tool), and implement quality initiatives as appropriate	Survey responses staggered throughout 2016/17 maternity annual report. No initiatives identified.	
Support the development of orientation packages for LMCs new to the region	Example of packages from other DHBs collected, no further progress.	
Facilitate the maternity services transfer of care (ToC) local processes	Two brainstorming workshops held, ToC sticker developed, multi-disciplinary team developing pathway.	
Baby loss care and support packages	Not started, DHB baby loss policy overdue for review.	
Focus on the Pasifika community in Marton (e.g. antenatal care with a LMC)	Samoan 'Top 5 things to do in the first 10 weeks of pregnancy' resources in family welcome packs at ANZCO Foods Marton.	
Education and training to improve screening for mental health wellbeing in pregnancy	Edinburgh Postnatal Depression scale circulated to LMCs and are being submitted as part of referral to Maternal Mental Health services	

Postnatal nutrition and education as inpatients	Spotless Services Food services team have proposed exciting changes to our patient menus to ensure we address the needs of the 'nutritionally well' and 'nutritionally at risk' and accommodate ethnic flavours into modern dishes to appeal to our community.	
Continue to receive reports from MQSP funded community led quality initiatives, and endorse/action recommendations for future projects	Complete.	

Key activities supported by Whanganui MQSP in 2017/18

The MQSP fund was established to support projects and initiatives in which all mothers and babies are the focus of care, feel safe and have improved outcomes. Applications were invited from maternal and/or child-focused community agencies, primary health care providers and other interested individuals, groups or organisations.
Successful applications include:

- A community-led initiative to promote a breastfeeding culture in Whanganui is the mother-led breastfeeding support group whilst establishing a La Leche League (LLL) support group.
- Mauri Ora a Mua – Future Aspirations (maintaining holistic wellbeing in whānau and hapu wahine), a pilot rural pregnancy and parenting programme with the primary objectives to provide pregnancy and postnatal education and support to improve health outcomes and to enhance at risk whānau health literacy and promote healthy lifestyle changes.
- Raranga o te Matua me Whānau (Jigsaw Whanganui); a project in response to the issue of young Māori parents and their whānau being disengaged from current maternity services and supports, raising concerns for their own and their babies health and wellbeing.
- Upcycled woollen baby blankets by Cotton on Quilters. Polar fleece blankets are made from items such as recycled bags and plastic bottles and that this can lead to babies overheating, sweating, then getting too cold because their sweat won't evaporate. Woollen blankets are best for baby however cost may often be a barrier. The Cotton on Quilters have made 18 quilts using second-hand woollen blankets and flannelette sheets sewn together to create warm quilts.

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

WDHB MATERNITY QUALITY AND SAFETY PROGRAMME INVITES FUNDING APPLICATIONS

The WDHB Maternity Quality and Safety Programme (MQSP) fund is available to support projects and initiatives in which mothers and babies are the focus of care, safety and improved outcomes.

This could apply to:

- enhancing the safety of women, babies, families/whānau by improving health literacy
- raising the profile of healthy lifestyle behaviours in pregnancy and early parenthood
- accessibility of maternity services and ensuring they meet the needs of the Whanganui district
- supporting a breastfeeding culture
- addressing service/support gaps in the community.

Applications are invited from maternal and/or child focused community agencies, primary health care providers or other interested individuals, groups or organisations.

For further information and application packs, please contact maternity community quality coordinator Angela Adam at angela.adam@wdhb.org.nz

Cherie Ede with her baby Braxtyn Ede and midwife Cyd Welsh.

<u>Whanganui DHB maternity quality activities 2017</u>
Outlined below are examples of service quality and improvement processes that are incorporated into the everyday workings of the women's health service.

Baby hip check

Changes made to the way Whanganui's newborn babies have their hips checked has seen the number of babies screened by the Whanganui District Health Board (WDHB) almost double from 49 percent to 94 percent in the space of six months.

Because orthopaedic consultants and registrars are not always able to check a baby before it leaves the Maternity Ward, and the parents of babies born in rural settings are not always able to attend their Outpatient Department appointments, babies were slipping through the net unchecked. B

Because baby hip checks are included in midwives' scope of practice, we decided (with the support of our orthopaedic consultants and registrars) that midwives would do the checks and if a midwife felt there was a problem with a baby's hips only then, would a baby be referred to the Outpatient Department's orthopaedic clinic.

WDHB midwife Jo McDonnell checks baby Hauiti Karena's hips

Changing the shift-to-shift midwifery handover culture

This project aimed to have a clear and measurable process for evaluating and improving handover culture as a pattern of work. The outcomes will be:

- vital information regarding each woman and baby is handed over from one shift to the next
- staff are prepared and using critical thinking throughout the handover
- the likelihood of adverse events occurring due to omitted or incorrect information from one shift to the next; is minimised
- staff understand their individual and team responsibility and accountability for knowing and actioning care required for each woman and baby.

Growing our cultural knowledge and awareness

The two-day Hapai Te Hoe cultural education programme was introduced at WDHB in 2015. This programme is unique to our WDHB and was developed to help our staff grow their local Māori cultural awareness and knowledge. Staff feel more confident when they are partnering with Māori patients and their families (whānau). Māori whānau appreciate the efforts staff are making to acknowledge the importance of Māori values and beliefs when they are caring for them in hospital.

The programme is delivered in a relaxed environment using stories of local Māori history, examples of lived realities of whānau, reflection on current practices, cultural myth-busting, and the positive impact on health outcomes when health care teams are true partners with whānau. All core midwives have attended and the programme is open to specialists and LMC midwives.

Te Rerenga Tahi: Maternal care and Wellbeing Group

Te Rerenga Tahi (the journey we will take together) commenced at Whanganui DHB in March 2018. The purpose of Te Rerenga Tahi is to enable the best possible outcomes for women and their whānau/families with complex needs during their pregnancy and until baby is six weeks old. Te Rerenga Tahi has members from multi-agencies and services that meet weekly. The group allows a forum for health and social service professionals who are working with a woman, to come together to communication, collaborate and co-ordinate wrap around services and safely share information.

Appendices

Appendix 1: Regional Demographic data

The WDHB Māori Health Profile 2015 indicates that 40 percent of the population of children 0-14 years and 36 percent of young adults aged 15-24 years are Māori. The Māori population in Whanganui is youthful, with a median age of 26.4 years. Forty-five percent of all live births in 2015 were Māori and Māori infants are 26 percent more likely to have low birth-weight. The district's high level of deprivation is the biggest factor in the health of the district. Nearly one-in-two children and two-in-five adults in Māori households are in households with low incomes (under $15,172).

The maternity service caters for a childbearing population of 10,269 aged between 15-44 years old (Census, 2013). Compared to New Zealand averages, there is a higher proportion of Māori, 24 percent of the total population compared to 14.1 percent nationally. Māori women account for 24.6 percent of the childbearing age population in the region. Rates of smoking are higher for women than men in the region and 23.6 percent of 15-44 year old women have identified as regular smokers at the 2013 census. The Whanganui district has high rates of deprivation compared to the rest of New Zealand. There is a direct link between socio-economic status and health and the impact is significant for childbearing women of our district.

The Determinants of Health for Children and Young People in MidCentral and Whanganui report was published in November 2014. This report indicated that in Whanganui, 48.4 percent of the newborn babies registered during 2013 were identified as Māori, 44.4 percent as European, 3.5 percent as Asian/Indian, and 2.9 percent as Pacific. While 9.1 percent of babies were born to mothers aged <20 years, 16.0 percent were born to mothers 35+ years of age. The proportion of babies who were born to mothers living in the least deprived areas (NZDep deciles 1 and 2) was 7.0 percent, while the proportion born to mothers living in the most deprived areas (NZDep deciles 9 and 10) was 40.5 percent. Fifty percent of Māori tamariki live in decile 9 and 10 and 50 percent of all tamariki live in Decile 9 and 10 areas.

Appendix Two

Maternity Service Workforce Breakdown

- Registrar (one)
- House officer (one)
- Charge midwife 1.0 FTE
- Midwifery Educator 0.8 FTE
- Lactation Consultant 1.0 FTE
- Core Midwives 15.8 FTE
- Nurse 0.6 FTE
- Administration 0.9 FTE
- Health Care assistants 2.1 FTE

Appendix three

Maternity Quality & Safety Programme Governance and Operations 2017/18

The Maternity Quality and Safety Programme aim aims to enhance safety for women, babies, families and whānau and for service providers working together to create the best possible maternity service in which all mothers and babies are the focus of care, feel safe and have improved outcomes.

Governance

The MQSP governance group reports to the DHB Clinical Governance Board and is responsible for progressing as an established programme of quality improvement work by:

- supporting local review and investigation of data including the data presented in the New Zealand Maternity Clinical Indicators
- overseeing and ensuring coherence of all maternity quality and safety activities and initiatives within the community and WDHB facilities
- support implementation of recommendations from national bodies such as the Perinatal and Maternal Mortality Review Committee (PMMRC) and the National Maternity Monitoring Group (NMMG)
- contribute to discussions and decisions about maternity care at DHB level, including through recommendations to other decision makers

- regular review of, and progress towards achieving, all New Zealand Maternity Standards district health board audit criteria and measures
- make recommendations to the Boards/Clinical Governance Board on the maternity priorities and resourcing to be included in the District Annual Plans
- overseeing production of the Annual Maternity Report.

Individuals have been appointed or co-opted to the governance group on the basis of their experience and expertise in maternal and new-born health/care. The governance group comprises of member representation from the following groups:

- MQSP coordinator (Chair)
- Consumers – Carla Donson, Manager of the Women's Network in Whanganui
- Obstetrics
- Midwifery (lead maternity carer (LMC) and core)
- Midwifery Advisor (vacant since March 2018)
- Charge Midwife
- Well Child providers
- Māori
- Pasifika
- Primary health care
- Rural
- Patient Safety
- Non-government organisations
- Maternal Mental Health
- Neonatal/Paediatrics
- Service and Business Planning.

Members representing a group will be responsible for communication between the governance group and their broader stakeholder group.