



## CONSULTATION DOCUMENT

### PROVISION OF A PRIMARY MATERNITY FACILITY FOR AUCKLAND DISTRICT HEALTH BOARD

**16 October 2007**

Auckland District Health Board invites your feedback on the primary maternity services including labour and delivery services and post natal care services that are currently, and will continue to be provided by an external provider.

Included:

- Background information
- Information on services provided
- A feedback form – to be returned by **5 pm Friday 14 December 2007**
- Contact details for further information

## **1. Purpose**

The purpose of this consultation document is to provide background information to stakeholders and the general public about the current contract that Auckland District Health Board (ADHB) has with Birthcare Auckland for the provision of primary maternity services and a primary maternity facility. The current contract expires in June 2009. It is intended that the outcome of this consultation will lead to a Request for Proposal from potential providers and tender process for a new contract for primary maternity services for women residing primarily in ADHB area. The process will be informed by the consultation.

## **2. Background**

In this context primary maternity services refer to services provided for women who experience an uncomplicated pregnancy and birth and who do not require ongoing specialist supervision or intervention. It is based on a philosophy that pregnancy and childbirth are natural processes and services need not be provided in a hospital environment. Primary maternity services in New Zealand are usually provided by midwives but may also be provided by general practitioners or obstetricians.

Secondary maternity services are for women who have or develop complications and require secondary level medical input during pregnancy or birth, and are provided in a hospital environment. Secondary maternity services are provided largely by obstetricians although midwives will still be involved, both during the antenatal period and in providing continued clinical care in labour and post natal care.

ADHB entered into the current contract for the provision of primary maternity services with Birthcare Auckland in 2003, at the time ADHB maternity services were transferring to a new facility with a reduced number of beds at Auckland City Hospital. This also coincided with the closure of the Cornwall Suite, a ward in the old National Women's Hospital that provided additional 'hotel' type services for fee paying women.

It should be noted that expanding the public capacity i.e. capacity within ADHB is not an option. ADHB is not intending to increase the capacity of National Women's Health Service (maternity services provided by ADHB at Auckland City Hospital) and consequently must continue to access primary maternity services from an external private provider. The benefits to the woman and her baby of transferring from a hospital environment to the private maternity facility need to be promoted.

The current contract for primary maternity services is essentially a three party arrangement between Birthcare Auckland as the external (private) provider, ADHB National Women's Health Services as a key stakeholder and ADHB Planning and Funding.

### **Primary Maternity Services**

All pregnant women who are eligible for publicly funded health services must have access to maternity services and can choose to birth either at home or at any primary maternity facility that has a contract with a District Health Board ("DHB") and where

their chosen Lead Maternity Carer (“LMC”)<sup>1</sup> holds an access agreement<sup>2</sup>. Where a woman has not registered with an LMC, a DHB will arrange LMC services usually with a midwife employed by the DHB provider service.

Maternity services have radically altered over the past 15 years with changes driven mainly by consumer demands for continuity of carer and increased options and choice over care delivery. Midwives are now the main care provider for women and there is decreased involvement of other health practitioner groups. There are strong consumer expectations of a partnership approach to the provision of care including choice, options and information sharing.

While the majority of births are still normal births, there has been, particularly in some areas e.g. Auckland, an increase in the number of caesarean births requiring secondary level care.

The objectives of primary maternity services<sup>3</sup> are to:

- Give each woman, her partner, and her family/whanau every opportunity to have a fulfilling outcome to the woman’s pregnancy and childbirth providing primary maternity services that are safe, informed by evidence and based on partnership, information, and choice; and
- Recognise that pregnancy and childbirth are a normal life-stage for most women; and
- Provide the woman with continuity of care through her LMC who is responsible for assessment of her needs, planning of her care with her and the care of her baby; and
- Facilitate the provision of appropriate additional care for those women and babies who need it; and
- Be acceptable to Maori women and their whanau as well as to Pacific women and other ethnic minorities.

### **3. Relationship with National Women’s Health Services, ADHB**

Women who give birth at National Women’s Health Service are usually expected to transfer to the private primary maternity facility for post natal care within 12 hours of birth for a ‘normal’ vaginal birth, or within 24 hours following a caesarean section. In order for this arrangement to be effective it is essential that a close and collaborative working relationship is established and maintained between the primary maternity service (i.e. the external private provider) and National Women’s Health Service.

A Primary Maternity Services Steering Group meets every two months to ensure that primary maternity services in ADHB are governed in a way that provides safe, equitable and appropriate services to the women of central Auckland. Membership of the Steering Group comprises:

ADHB Planning & Funding Manager (chair)

Managing Director, current provider

General Manager, National Women’s Health, ADHB

General Manager, current provider

Service Manager, National Women’s Health, ADHB

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<sup>1</sup> See ‘Definitions’ on page 10

<sup>2</sup> See ‘Definitions’ on page 10

<sup>3</sup> Maternity Services Notice pursuant to section 88 of the NZ Public Health & Disability Act 2000

Midwifery Leader, ADHB  
Representative, consumer organisation  
Quality Manager, current provider  
Charge Midwife, Delivery Suite, National Women's Health, ADHB

A Clinical Services Advisory Group comprising clinicians (including midwives, Obstetricians, Paediatricians and Anaesthetists) from both organisations also meets bi-monthly and reports to the Primary Maternity Services Steering Group.

#### **4. Services provided by the current private Primary Maternity provider for Auckland District Health Board (ADHB)**

##### **a) Labour and delivery services**

The provider is contracted to provide a primary maternity facility for currently approximately 315 primary births per annum paid for on a fee for service basis i.e. the provider is paid a fee for each birth rather than for a specific volume of births. A national Access Agreement enables Lead Maternity Carers (LMCs) to access the facility and provide care to their clients.

##### **b) Post Natal Care**

The provider is contracted to provide post natal care for 3600 women and their newborn babies per annum. The 3600 women and their babies will comprise of the women who have birthed at the facility, and the much larger number of women transferred from National Women's Health Service, ADHB for their post natal care, generally within 12 hours of delivery. This includes up to 358 women per annum who reside in the Waitemata DHB area and more than 400 women per annum who reside in the Counties Manukau DHB area.

#### **5. Service Price**

The 2007/08 relevant national prices (see below) for these services are:

- Labour and delivery – \$731.99
- Post natal stay – \$1097.98

National prices for most health services were established in 2003 by the Ministry of Health and The Treasury to provide a consistent pricing model for services provided by one DHB for another. DHBs have the option of using these prices locally which are based on standard service definitions as well as volume and cost data provided by DHBs. The prices may fluctuate year to year.

It should be noted that the existing provider currently provides the services described for lesser amounts than the national prices.

#### **6. Contract Length**

It is envisaged that a new contract would be for a period of at least five years.

## 7. Service Requirements

The national service specification for primary maternity facilities requires provision of a woman and family/whanau-centred environment that is both clinically and culturally safe. The facility must be able to provide inpatient services during labour and birth and the immediate post natal period until discharge home once both mother and baby are clinically ready for discharge.

Services must be safe and based on information, partnership and choice in order to facilitate a fulfilling outcome to each woman's pregnancy and childbirth experience. The cornerstone of maternity care in New Zealand is the LMC who is responsible for ensuring the provision of primary maternity services including assessing the needs of her client, planning her care with her, and the care of her baby. Additional care is available to those women who need it.

The service should be available to all child-bearing women and their newborn babies and must be acceptable to Maori women and their whanau as well as to Pacific women and those from other ethnic minorities.

The service commences with the admission of the woman in labour or following delivery at National Women's Health Service, and ends when the woman and her baby is clinically ready for discharge home. Most women will be ready for discharge within 48 hours of birth however, the LMC, in discussion with the woman and the facility may identify clinical reasons for a longer stay.

### **Transfer to private Primary Maternity Facility**

Women who have had an uncomplicated vaginal delivery at National Women's are expected to transfer to the primary maternity facility within 12 hours of the birth. They should be clinically stable and ideally the mother and baby should transfer directly from delivery suite – usually within 4-5 hours after birth. There are some situations where it is agreed that transfer can occur a few hours over 12 hours post delivery and the post natal care fee is then split between the primary facility and National Women's according to an agreed formula.

Women who have had a caesarean section, or who have required secondary care for some other reason should usually transfer to the primary maternity facility within 24 hours of the birth. Again there are a small number of circumstances where it is agreed that transfer can occur up to 36 hours post delivery and the fee is split as agreed. Women transferring from National Women's Health Service following a caesarean section will normally stay longer than 48 hours post natal.

The current Primary Maternity provider will accept women being transferred who have; intravenous lines and intravenous antibiotics, urinary catheters, third degree tears, gestational diabetes, stable hypertension, multiple births, breastfeeding problems, and those who are Hepatitis B positive or who are under the care of Maternal Mental Health services. Adoptive mothers may be offered parentcraft.

Babies are accepted who; require treatment for slight jaundice, have a high birth weight (for their birth date) and need glucose monitoring, are low birth weight e.g. were born with intrauterine growth retardation (<2400gms), have feeding problems or were 36 weeks gestation requiring extra monitoring.

Access to the facility will be free of charge for all eligible women and their babies. The facility may impose a charge for additional 'hotel' services not included under the terms or spirit of the contract where the woman chooses this. The current provider also provides physiotherapy services.

It is expected that the primary maternity facility qualifies for accreditation as a Baby Friendly Hospital by the New Zealand Breastfeeding Authority, or has an agreed timeline for assessment.

The current provider was the first maternity service in NZ to achieve Baby Friendly Hospital accreditation and has maintained accreditation.

## 8. Service components

A maternity facility will in general include the following services (taken from the National Service Specification for Primary Maternity Services):

- **A suitable physical environment.** The facility must be certified to provide maternity services under section 4 of the Health and Disability Services (Safety) Act 2001. In addition, the building will be certified and have sufficient birth and post natal rooms for the population served. It will include adequate facilities, equipment and consumables for monitoring progress of labour, assisting with births, and for emergency resuscitation and care of the mother and newborn baby until transfer of care to secondary/tertiary maternity or neonatal services as necessary.

Hotel services to be provided under the contract include the provision of bed linen, towels, liners for portable birthing pools, patient meals, clinical and non-clinical consumables such as labour and birth packs, syringes, sterile fluids, nappies and sanitary pads sufficient for the entire length of stay.

Security systems must be provided to ensure women and their babies have reasonable protection from unauthorised persons. The facility and all equipment will be maintained in a clean and safe state.

- **Facility Midwifery/Nursing Services.** The following services must be provided:
  - **Advice and information** on the importance of obtaining a LMC and how to access and register with an LMC.
  - **Labour and birth.** A midwife must be available 24 hours, 7 days per week to provide support to the LMC during labour and birth. Midwifery /nursing support will be provided for, on average 20 minutes per woman per labour and delivery. Services provided by request beyond this may be charged to the LMC. No epidurals or caesarean sections may be carried out at a primary maternity facility.
  - **Inpatient post natal care.** Midwives will provide 24 hour, seven days per week care that is directed by each woman's LMC and supplied in accordance with a written Care Plan. This care will include; observation and monitoring of mother and baby; contacting the LMC where further instructions are required or to inform of any adverse changes in the woman or baby; assistance with hygiene; assistance with feeding the

- baby (breastfeeding, support for latching on etc.); administration of medication; basic parenting education; and emergency care if necessary.
- **Ancillary services.** This should include, where clinically necessary; lactation assistance; bereavement services, dietitian services; interpreter services; laboratory services; physiotherapy services; social work services; and limited pharmaceuticals.
  - **Emergency transfer to secondary/tertiary maternity service.** A formal policy must be in place for the management of emergencies including the procedure for contacting the secondary/tertiary maternity team at National Women's Health Service and arranging emergency transport services. There must always be Midwives/Registered Nurses on site and available to attend to any emergency.

The LMC is responsible for arranging transport for a woman and baby when necessary from the primary maternity facility to another facility. The Transport and Accommodation Rules as set out by the Ministry of Health apply to all inpatient services, including maternity services except that the facility where the birth occurs is responsible for the cost of transfer by emergency vehicle.

## 9. Statistical data

**Table 1: ADHB Babies born at National Women's by Ethnicity**

ADHB Babies born at NW by Ethnicity	2004		2005		2006	
	N = 5149		N = 5066		N = 5186	
	n	%	n	%	n	%
NZ European	1961	38.1	1902	37.5	2130	41.1
Maori	339	6.6	375	7.4	420	8.1
Pacific Island	810	15.7	746	14.7	813	15.7
Asian	818	15.9	724	14.3	728	14.0
Indian	411	8.0	430	8.5	416	8.0
Other European	329	6.4	487	9.6	483	9.3
Other	481	9.3	402	7.9	196	3.8

**Note:** This data is organised using prioritised ethnicity

**Table 2: ADHB Post Natal Maternal Destination by mode of birth – 2004/05/06**

ADHB Maternal destination by mode of birth - 2004		NW Wards		Primary Facility		Home	
		n	%	n	%	n	%
		Spontaneous vaginal	2808	1101	39.2	1346	47.9
Operative vaginal	821	475	57.9	326	39.7	20	2.4
CS elective	501	501	100.0				
CS emergency	904	904	100.0				
<b>Total</b>	<b>5034</b>	<b>2981</b>		<b>1672</b>		<b>381</b>	

ADHB Maternal destination by mode of birth - 2005							
		NW Wards		Primary Facility		Home	
		n	%	n	%	n	%
Spontaneous vaginal	2774	932	33.6	1497	54.0	345	12.4
Operative vaginal	718	384	53.5	315	43.9	19	2.6
CS elective	548	548	100.0				
CS emergency	938	938	100.0				
<b>Total</b>	<b>4978</b>	<b>2802</b>		<b>1812</b>		<b>364</b>	
ADHB Maternal destination by mode of birth - 2006							
		NW Wards		Primary Facility		Home	
		n	%	n	%	n	%
Spontaneous vaginal	2819	965	34.2	1499	53.2	355	12.6
Operative vaginal	684	393	57.5	281	41.1	10	1.5
CS elective	592	592	100.0				
CS emergency	1005	1005	100.0				
<b>Total</b>	<b>5100</b>	<b>2955</b>		<b>1780</b>		<b>365</b>	

CS – Caesarean Section

**Table 3: Length of ADHB Post Natal Stay (hours) at National Women's by mode of birth**

	2004	2005	2006
<b>Discharge to Primary Facility</b>	<b>hours</b>		
Spontaneous vaginal birth	11.5	13	16
Operative vaginal birth	12	13	17
Caesarean section birth	24	25	19
<b>Discharge to Home</b>			
Spontaneous vaginal birth	51	56	49
Operative vaginal birth	68	79	70
Caesarean section birth	106	108	107

**Table 4: Number of births at the Primary Maternity Facility by Auckland DHBs**

	2004	2005	2006
ADHB	196	196	229
CMDHB	40	27	25
WDHB	68	54	44
<b>Total</b>	<b>304</b>	<b>277</b>	<b>298</b>
No Post Natal Stay	12	8	9

ADHB – Auckland District Health Board  
 CMDHB – Counties Manukau District Health Board  
 WDHB – Waitemata District Health Board

**Table 5: Number of Post Natal Stays at Primary Maternity Facility by Auckland DHBs.**

	2004	2005	2006
ADHB	2457	2442	2498
WDHB	378	292	346
CMDHB	485	454	458
Other	23	11	11
<b>Total</b>	<b>3343</b>	<b>3199</b>	<b>3313</b>

## **10. Proposed changes**

### **Changes to Service Specifications/Requirements**

No changes to the current service specifications as detailed in paragraphs 7 & 8 above are currently being proposed by ADHB. However, feedback regarding suggested changes is welcome. For example, there have been calls for DHB's to actively support primary maternity services as birthing facilities as well as for provision of post natal care. ADHB would welcome your comments on whether women with low risk pregnancies should be supported to birth at the primary facility, and on what would encourage more women to birth at the primary facility.

### **Change of Provider**

It should be noted that if there is a change in provider then it follows that there are likely to be some changes in the manner in which the service delivery occurs. Any potential provider must consider the need to be within a reasonable proximity of National Women's in order to facilitate efficient transfer of women and their babies.

## **11. Other matters to consider:**

- The Auckland area, along with some other areas currently has an acute shortage of midwives.
- Central Auckland has very few GP's who operate as LMC's, however it has a relatively large number of private obstetricians who operate as LMC's.
- The Auckland central birth rate is relatively static and not expected to grow significantly
- Maternity services have a strong consumer involvement – women's health groups etc.
- The current provider will provide specific 'hotel-style' services e.g. private room, double bed, menu, wine etc at additional cost.
- The primary maternity facility needs to be both accessible to women and their families and in close proximity to National Women's Health Service (Auckland City Hospital).

## **12. Conclusion**

ADHB needs to have a contract with an external private provider for the provision of primary maternity services. Expanding the capacity of ADHB Womens Health Service at Auckland City Hospital is not an option. The specifications and requirements for the external private services are largely governed by the Ministry of Health National Service Specification for Primary Maternity Services; however there is scope to consider the inclusion of provider-specific terms and conditions.

## **13. Feedback and Further Information**

ADHB welcomes your feedback on any aspect of this consultation document. A form with some specific questions is attached to this document which you may use. Alternatively you may just send us a written submission.

If you would like to talk to an ADHB staff member about the content of this document, have someone attend a meeting to talk to your group, or if you want any additional information, contact details are included at the end of the feedback form. The consultation period will finish on Friday 14 December 2007.

## 14. Next Steps

Once the consultation has been completed and analysed, a Request for Proposal (RFP) will be issued and a tender process will follow for the future provision of the service.

***The following is an indicative timeframe:***

RFP issued March/April 2008

Tenders invited May/ June 2008

New contract finalised July/August 2008

New contract commences July 2009. (The existing contract has been extended for one year to allow sufficient time for any change in provider to be implemented and a new provider to establish).

## 15. Definitions

**Access Agreement holder** refers to any non DHB employee LMC who has an access agreement to provide direct care to their clients on the premises of a birthing facility. It is issued under Schedule 3 of the Maternity Services Notice pursuant to Section 88 of the NZ Public Health & Disability Act 2000.

**Baby Friendly Hospital Initiative (BFHI)** refers to the UNICEF/WHO criteria “Ten Steps to Successful Breastfeeding”.

**Care Plan** means the documented plan of care and services to be provided during the pregnancy, labour and following the birth, which is prepared by the LMC and the woman concerned and is held by the woman.

**Eligible Persons** means a person who is eligible to receive publicly funded health services in New Zealand as defined in a direction issued by the Minister of Health under section 32 of the New Zealand Public Health & Disability Services Act 2000.

**Inpatient Post Natal care** means the twenty-four hour care a woman and baby receives if the woman remains in the facility for twelve hours or more after the birth.

**Lead Maternity Carer (LMC)** means an Authorised Practitioner as defined in the Section 88 Maternity Notice, who is a General Practitioner with a Diploma in Obstetrics (or equivalent as determined by the NZ College of General Practitioners), a Midwife or an Obstetrician who has been selected by the woman to provide her Lead Maternity Care, as described in the Section 88 Notice.

**Midwife** means a registered midwife whose name is included in the register maintained by the Nursing Council of NZ and who is the holder of a current annual practising certificate issued by that Council.

**Primary Maternity Facility** means a facility that has no inpatient secondary maternity service and does not have 24 hour on-site availability of specialist obstetricians, paediatricians and anaesthetists.

**Prioritised Ethnicity** refers to the practice of Statistics New Zealand organising census data by treating Maori as the primary priority ethnicity when Maori is one of two ethnicities identified and then treating Pacific as the next priority ethnicity.



## FEEDBACK FORM

### Consultation Document: Provision of a Primary Maternity Facility for Auckland District Health Board

**October 2007**

ADHB would like your feedback on anything contained within the Consultation document. You may provide your feedback on this form or by separate written submission.

**ADHB contact for submissions or further information:**

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Planning & Funding Manager  
Planning & Funding  
Private Bag 92 189  
Auckland Mail Centre  
Phone: (09) 630 9943 ext. 4341  
[Carols@adhb.govt.nz](mailto:Carols@adhb.govt.nz)

*Your submission should reach us not later than **5 pm on Friday 14 December 2007***

***Do you have any comment to make? We would like to hear your opinion on the following:***

*Please use additional paper if required.*

- **1. Service price** (refer paragraph 5, page 4 of this document)
- *Do you have any comments on the price for the Service?*
  
- **2. Contract length** (refer paragraph 6, page 4 of this document)
- *Do you have any comments on the length of the contract?*
  
- **3. Relationship with National Women's Health Service, ADHB**
- *Do you have any comments on how the relationship between the external provider and National Women's is or could be managed?*
  
- **4. Service Requirements & Components**
- *The National Service Specification (as set out in paragraphs 7 & 8 (pages 5, 6 & 7 of this document) govern the Service Requirements. Are there any other matters that you think should be a requirement of the service?*
- *General Comment*

- *Physical environment, location and ease of transfer from or to National Women's Health Service (Auckland City Hospital).*
  
- *Midwifery and nursing services*
  
  
  
  
  
  
  
  
  
  
- *Ability to meet the needs of Maori, Pacific and other ethnic women and their families/whanau*
  
  
  
  
  
  
  
  
  
  
- **5. Any proposed changes** – *Should more women with low risk pregnancies be supported to birth at the primary maternity facility? Or can you think of changes to the service which would make it better for you?*
  
  
  
  
  
  
  
  
  
  
- *Is there any other comment you would like to make?*

**Optional**

*Name:*

*Address:*

*Phone contact:*

*This is requested so that we can contact you to seek clarification on your response if necessary.*

*Please indicate if you would like someone to attend a meeting to discuss this matter.*

YES/NO

*Your reason for interest in this matter (please tick):*

- a) You are or have been a consumer of maternity services*
- b) You are a provider of services*
- c) Other e.g. general interest*

*Thank you for your assistance.*

*Your submission should reach us not later than 5 pm on Friday 14 December 2007.*