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# Summary of Submissions: Provision of a Primary Maternity Facility for Auckland District Health Board

January 2007

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## Summary

### Background<sup>1</sup>

ADHB entered into the current contract for the provision of primary maternity services with Birthcare Auckland in 2003. The current contract for primary maternity services<sup>2</sup> 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.

This contract expires in June 2009.

ADHB needs to have a contract with an external private provider for the provision of primary maternity services. Expanding the capacity of ADHB Women's 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.

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.

### Contents of the Consultation Document

The document provides 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.

It provides an over-view of current services provided and discusses issues associated with current services. Although no changes to the current service specifications are currently being proposed by ADHB, feedback regarding suggested changes is welcomed

Key issues presented in the consultation document include the service price, contract length, relationship with National Women's Health Service and the Auckland District Health Board, service requirements and components, and changes to service specifications/requirements.

Auckland DHB wants to receive comments and suggestions from stakeholders and general public on any aspect of the consultation document.

Responses were made by way of letter or email or by filling in the response form accompanying the consultation document. The last day for receipt of responses was Friday 14th December 2007.

### Responses

Fifteen responses were received from the following people / organisations

- Service Provider (3)
- Service Provider: Midwifery Services (3)
- Service Provider: O&G Services (2)
- Service Provider: Newborn Services (1)

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<sup>1</sup> All background notes in this document are taken from the consultation document 'Provision Of A Primary Maternity Facility for Auckland District Health Board', 16 October 2007

<sup>2</sup> Primary maternity services (also referred to as 1<sup>o</sup> services in this document) 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.

Non-Profit Organisation (1)  
Consumer Group (2)  
Professional Association (2)  
Consumer Representative (1)

## Definitions and Acronyms

**ADHB** is the Auckland District Health Board

**Birthcare** is also referred to “as the current provider” or “as the current service provider” or “the current facility”.

**CPI** is the Consumer Price Index

**NWH** is National Women’s Health

**Primary Care** is also referred to in this document as 1° care

**Secondary Care** is also referred to in this document as 2° care

## Key Results

### 1. Service Price

- 1.1 Three submissions expressed surprise that the existing provider currently provides services for less than the allocated amount.
- 1.2 Three submissions argued that the current provider should receive the entire allocated amount, with one recommending that the additional funds be directed into breastfeeding support.
- 1.3 A further two submissions argued that the price should be higher.
- 1.4 The type of delivery was understood to affect the price by two submitters, with one believing more women should be encouraged to birth at a primary birthing facility because of the perceived lesser cost involved.
- 1.5 Adjustments to allow for changes in CPI were recommended in two submissions.
- 1.6 One submission argued that the appropriate service price was more complex than the consultation document allowed:
- 1.7 One submission felt that the inclusion of a service price in the consultation document may breach the Commerce Act.

### 2. Contract Length

- 2.1 Three submissions were in favour of a five year contract.
- 2.2 More than half of submissions (nine out of 14) stated five years may not be long enough, and considered that a longer time period may encourage more stability of service.
- 2.3 Four submissions were in favour of regular reviews or audits during the contract period, including one which was concerned about the lack of recourse for a service provider who was not providing a high quality service.

### 3. Relationship with National Women’s Health Service and the Auckland District Health Board.

- 3.1 Four submissions considered the relationship between Birthcare, National Women’s Health and Auckland District Health Board is managed well.

- 3.2 One submission expressed some concern regarding the practice of early discharge from a main hospital to a primary birthing unit post epidural or following a complicated birth.
- 3.3 Three submissions argued for wider membership of the Primary Maternity Services Steering Group.

## 4. Service Requirements & Components

### 4a General Comment

- 4.a.1 Two submissions commended Birthcare on their excellent level of service provision.
- 4.a.2 Three submissions argued for an extension of the current service.

### 4b. Physical environment, location and ease of transfer from or to National Women's Health Service (Auckland City Hospital).

- 4.b.1 Four submissions were generally positive about the current provider.
- 4.b.2 Four submissions considered that the location of Birthcare was not an issue.
- 4.b.3 A further three submissions, however, felt that transfer of mother and babies, particularly in winter, could be problematic.
- 4.b.4 One submission believed that the policy regarding the transfer of women and babies should be extended, and outlined this in detail.
- 4.b.5 Four submissions had suggestions for changes or improvements to the current facility.

### 4c. Midwifery and nursing services

- 4.c.1 Five submissions commented on the standard of care of the current provider.
- 4.c.2 A further two submissions commented on the standard of nursing and midwifery care in general.
- 4.c.3 Two submissions expressed concern about the possibility of the provision of care by unqualified staff or non-midwives.

### 4d. Ability to meet the needs of Maori, Pacific and other ethnic women and their families/whanau

- 4.d.1 Five submissions commented specifically on how the current provider is meeting the needs of Maori, Pacific and other ethnic women and their families/whanau.
- 4.d.2 Two submissions argued for changes to the current contract to accommodate the needs of different groups.
- 4.d.3 Four submissions commented on the provision of services for Maori and Pacific women as well as other ethnic communities in general.

## 5. Changes to Service Specifications/Requirements

- 5.1 More than half of the submissions (nine out of 14) believed that women should be encouraged to birth in a primary facility. Three of these submissions urge the ADHB to consider another primary maternity facility in the Mt Wellington/Ellerslie/Panmure

area, whilst one had suggestions on how more women might be encouraged to give birth at a primary maternity facility.

- 5.2 Two submissions suggested that more information should be made available to women in order that they are able to make a fully informed choice about where they give birth.
- 5.3 Two submissions suggested changes to the current arrangements

#### **5a Other Comments**

- 5.a.1 Three submissions spoke in favour of Birthcare.
- 5.a.2 Three submissions spoke in favour of the decision not to expand the public capacity.
- 5.a.3 One submission queried the decision not to expand the public capacity, whilst another warned the ADHB that encouraging women to birth in a primary facility might give grounds for complaint should something go wrong.
- 5.a.4 Three submissions had suggestions as to what could be implemented in the awarded facility
- 5.a.5 Four submissions had advice for the DHB:
- 5.a.6 One submission queried the lack of focus in the consultation document on the 'baby'.

# Responses to the Consultation Document

## 1. Service price

### Background

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.

The 2007/08 relevant national prices for these services are:

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

### Summary of Submissions

The consultation document stated that the existing provider currently provides services for less than the allocated amount. This was commented on in three submissions. Three submissions argued that the current provider should receive the entire allocated amount, and a further two submissions argued that the price should be higher. Adjustments to allow for changes in CPI were recommended in two submissions and one submission argued that the appropriate service price was more complex than the consultation document allowed.

The type of delivery was understood to affect the price by two submitters, with one believing more women should be encouraged to birth at a primary birthing facility because of the lesser cost involved. One submission also queried whether the funding contained a paediatric component.

Finally, one submission felt that the inclusion of a service price in the consultation document may breach the Commerce Act.

### The Submissions

- 1.1 Three submissions expressed surprise that the existing provider currently provides services for less than the allocated amount:

*We are surprised that the current provider is providing such a high level of service for less than the national price. Does this mean that women who are transferring to Birthcare are subsidising other services within the DHB?* (Service Provider: Midwifery Services)

*I think it is amazing that BCA provides these services for such a modest price.* (Service Provider: Midwifery Services)

*We would expect that the service price would be at a minimum equal to that of the national service price.* (Consumer/Lobby Group)

- 1.2 Three submissions argued that the current provider should receive the entire allocated amount, with one recommending that the additional funds be directed into breastfeeding support.

*(Our organisation) recommends that the primary maternity facility gets the entire postnatal care amount allocated by the MOH. New mothers need more postnatal care than they are currently getting. More funding is needed for this.* (Consumer Organisation)

*It seems inequitable for the provider to be providing the service at a lesser amount than the national prices. ADHB has made it clear that they do not have sufficient*

*postnatal beds, therefore they should not be making a profit out of their decision to sub-contract part of their service provision (Consumer Representative).*

*We would urge ADHB to pay the current provider a price that would enable them to allow more women to stay in the facility for support with establishing successful breastfeeding. Birthcare has a reputation for providing excellent support for the establishment of breastfeeding. There are many mother and babies pairs who are well enough for discharge but would benefit from being able to be supported in a facility like Birthcare until breastfeeding is actually established rather than being discharged at the time that lactation is only starting as is the case now. (Service Provider: Midwifery Services)*

- 1.3 A further two submissions argued that the price should be higher.

*Should be higher and indexed with no increase in the number of women. (Service Provider: O&G Services)*

*We note the comment in the discussion document that the current provider is contracted at a lower price, we are unaware of the justification for this. In some instances, where more is being provided that required in the national service specification for maternity services, or to reflect local costs, a greater price that the national price would be appropriate. (Consumer/Lobby Group)*

- 1.4 The type of delivery was understood to affect the price by two submitters, with one believing more women should be encouraged to birth at a primary birthing facility because of the perceived lesser cost involved

*Is there a difference for post natal stay between women delivering vaginally and those by c/s? I would have thought that vaginal delivery should be cheaper (because) the post partum mobility will be greater, and so less intensive nursing required. (Service Provider: O&G Services)*

*Surely it is worth it for ADHB to encourage more low risk women to birth at BCA (e.g. those women under care of domino scheme) it must be cheaper for ADHB than a birth occurring on DU. (Service Provider: Midwifery Services)*

- 1.5 Adjustments to allow for changes in CPI were recommended in two submissions.

*Price should reflect the funding ADHB provides for its own primary services. The prices under the existing section 88 should be maintained plus CPI adjustments. (Professional Association)*

*... "National Pricing" (should be) be adopted. In addition this National Pricing, during the tenure of the contract, should be subject to annual reviews to accommodate CPI and increased staff costs (especially those reflected in the awards by MECA/MERAS). (Service Provider)*

- 1.6 One submission argued that the appropriate service price was more complex than the consultation document allowed:

*There are many complexities surrounding the comprehensive service which are described in the consultation document and the service specifications. There are many variables as to what is the appropriate service in various circumstances (for example - what level of additional funding should be available in respect to Maternal Mental Health). (Service Provider)*

- 1.7 Whether the funding contained a paediatric component was questioned by one submission, and one submission felt that the inclusion of a service price in the consultation document may breach the Commerce Act.

*(We are) surprised at a question about the price for the service being in the consultation document, as this may invite unwitting breaches of the Commerce Act.*

*Section 88 payment mechanisms fall outside of this model but all non-employed, i.e. independent contracted practitioners are subject to the Commerce Act. DHBs are subject upon letting a contract such as this to enter into a competitive pricing and tendering model, We are concerned at the approach adopted in this document that could invite collusion or have the unintended effect of reducing competition which would be in breach of the Act. While the consequence of any shared or discussed pricing information would fall on the practitioners it is irresponsible of the DHB to invite this risk. It could bring the obstetric workforce to a standstill, literally leaving the DHB 'holding the baby'. (Professional Association)*

## 2. Contract Length

### Background

The consultation document envisaged that a new contract would be for a period of at least five years.

### Summary of Submissions

Whilst three submissions were in favour of a five year contract, more than half of submissions (nine out of 14) stated five years may not be long enough, and considered that a longer time period may encourage more stability of service. Four submissions were in favour of regular reviews or audits during the contract period, including one which was concerned about the lack of recourse for a service provider who was not providing a high quality service.

### The Submissions

2.1 Three submissions were in favour of a five year contract.

*5 years suitable (Service Provider)*

*5 years sounds like a reasonable time for a contract (Service Provider: Midwifery Services)*

*5 years is reasonable but contingent upon a satisfactory review at the end of the first year. (Service Provider: O&G Services)*

2.2 More than half of submissions (nine out of 14) stated five years may not be long enough, and considered that a longer time period may encourage more stability of service.

*(It) could be extended to 7 years. The longer the contract the more stable the service. (Service Provider)*

*It is hard to imagine a provider other than Birthcare being willing to establish a birthing and postnatal care facility for the purpose of fulfilling a 5-year contract. It is too short a timeframe (Consumer Group)*

*There should be certainty for Birthcare so the longer the contract the better. All contracts are assumed to have audit capability, however. (Professional Association)*

*...various other contracts that have tendered in the laboratory testing field other than interim arrangements have ranged from 5½ to 10 years, tending to be closer to an 8 year term. (Service Provider)*

*We believe that if the contract length is going to be for a minimum of 5 years there should be an automatic roll-over for at least two further 5 year periods provided service requirements/specifications are being met. It is hard to imagine how any business with such high overheads and staffing numbers etc can operate successfully with so little surety of longevity. (Service Provider: Midwifery Services)*

*I cannot see any new provider being enticed by a five year contract. It would (be) a substantial outlay to set up a service to the standard of the current provider and it would be quite a risk if there is the potential to award the contract to someone else at the end of five years. (Consumer Representative)*

*Offering contracts of only 5 years duration is unlikely to encourage any other potential service providers to set up similar facilities in other parts of the ADHB catchment. (Service Provider: Midwifery Services)*

*The contract length must be economically viable for the provider to purchase equipment and to ensure any capital invested, for example, to bring the facility up to required standards or to maintain existing standards, is cost effective. It is unreasonable to expect a provider to enter into a short term contract. The result over time would be to reduce the sustainability of the service or facility for the women of Auckland. (Professional Association)*

*...a contract of greater length with a provider who has demonstrated high quality maternity services may be appropriate and would have the advantage of further reducing any potential disruption in maternity services for women in Auckland...(Consumer/Lobby Group)*

*...in light of the necessary investment and other decisions that it would be realistic for the contract to be over an 8 year period as this period reflects a reasonable time frame to achieve a return for the investment in the maternity facility (fit out) and reasonable length of lease for a building. (Service Provider)*

- 2.3 Four submissions were in favour of regular reviews or audits during the contract period, including one which was concerned about the lack of recourse for a service provider who was not providing a high quality service.

*...in light of the proposed (five year) contract, provision for a process of regular (annual or bi-annual) review in order to ensure that a high quality service is maintained throughout the five year contract period must be in place...we would be very concerned to see a situation where a provider of primary maternity services was not providing a safe, high quality environment and service to women and babies and there was insufficient recourse for immediate action due to a 5 year contract.*

*Quality assurance requirements must be in place for the primary care facility and should be an expected/contracted part of the service provider requirements in the same way that they would be in a secondary facility. ADHB must require equivalent standards of care for all its population wherever that care is delivered. Facilities and providers must be required to meet the same standards of service and to have suitable audit procedures in place to monitor this. We note that the consultation document makes reference to QAA requirements which form part of the access agreement as per schedule 3 of the Section 88 notice. (Professional Association)*

### **3. Relationship with National Women's Health Service and the Auckland District Health Board.**

#### **Background**

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.

## Summary of Submissions

Three submissions considered the relationship between Birthcare, National Women's Health and Auckland District Health Board is managed well, however one submission expressed some concern regarding the practice of early discharge from a main hospital to a primary birthing unit post epidural or following a complicated birth. Membership of the Primary Maternity Services Steering Group was cited in three submissions, all of which argued for wider membership.

### The submissions

- 3.1 Four submissions considered the relationship between Birthcare, National Women's Health and Auckland District Health Board is managed well.
- (Our group) believes this is managed very well. (Consumer Group)*
- There would appear to be good systems in place to manage the relationship with an external provider. (Consumer Representative)*
- We are satisfied that the relationship between the Birthcare and National Women's is one that ensures a high level of safety for women and babies who are accessing care at both of these facilities. Birthcare and National Women's Health have demonstrated a willingness to establish protocols that ensure efficient transfer between the facilities and to monitor outcomes for those mothers and babies who need to be transferred. (Service Provider: Midwifery Services)*
- ...the staff at National Women's Health Service now see Birthcare Auckland as part of a seamless service between the two providers. (Service Provider)*
- 3.2 One submission expressed some concern regarding the practice of early discharge from a main hospital to a primary birthing unit post epidural or following a complicated birth.
- ... A primary birthing facility does not have easy access to an anaesthetist to diagnose and treat women with complications (e.g. epidural infection, abscess, paraspinal abscess) following an epidural. The contract with the primary care facility needs to address how these situations will be managed optimally to ensure the safety of the mother and her baby. (Professional Association)*
- 3.3 Three submissions argued for wider membership of the Primary Maternity Services Steering Group.
- I note that there is not a midwife access holder to both ADHB & BCA on either the "Primary Maternity Services Steering Committee" or the "Clinical Advisory and Monitoring Group NWH/BCA". There absolutely should be because we are a stakeholder (the only one) who actually does the birthing care at BCA. (Service Provider: Midwifery Services)*
- An obstetrician should participate in the steering group (Service Provider: O&G Services).*
- ...We support the inclusion of a consumer representative on the Primary Maternity Services Steering Group. Mechanisms for including consumer feedback on levels of service provided must be included in the contract with the primary maternity service provider. There should be included in contractual reporting and any review arrangements. (Consumer/Lobby Group)*

## 4. Service Requirements & Components

### 4a General Comment

#### Background

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 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.

#### Summary of Submissions

Two submissions commended the current service provider on their excellent level of service provision, although three submissions argued for an extension of the current service. Other submissions commented on discharge times, confusion over the extent of the consultation, a need to honour Section 88 specifications and a belief that the successful facility be accredited as a Baby Friendly hospital.

#### The Submissions

- 4.a.1 Two submissions commended the current service provider on their excellent level of service provision.

*...BCA meets the service components and requirements most satisfactorily. In fact their service is excellent. (Service Provider: Midwifery Services)*

*The feedback that we get from women who have accessed care at Birthcare indicates that they consistently provide a high standard of service that meets the requirements of their contract in an environment that most women/whanau find pleasant and comfortable... We would particularly like to commend the current provider for the support and information they provide to women/babies to establish successful breastfeeding. (Service Provider: Midwifery Services)*

- 4.a.2 Three submissions argued for an extension of the current service.

*Mental Health clients should be able to stay for 5 days as they can in National Women's. Currently they have to pay for 5 days and often most women can't afford this. The care in Birthcare has been very good. They do best with maternal mental health women when not pressured. (Service Provider)*

*Paediatric services need to be built into a facility that caters for >3000 mothers with babies per annum. The law of averages dictates that a no. of these infants will get into trouble and require consultation/transfer. (Service Provider: Newborn Services)*

*Some of the services they provide are not subsidised - we would recommend that the ADHB make funding available for all those breastfeeding services and more for women who need it. An investment in successful breastfeeding is a very successful*

*primary preventative health strategy and a proven way of reducing the need for babies and children to access medical care subsequently. (Service Provider: Midwifery Services)*

4.a.3 Other comments included

*Post LSCS discharge should be 36 hours. 24 hours especially for morning elective caesar is too short (Service Provider)*

*There is confusion about the extent of the consultation. NWH management says just post natal care but clinical staff at NWH are involved in all aspects. (Service Provider: Newborn Services)*

*A requirement to honour the Section 88 specifications that govern the provision of LMC care (Professional Association)*

*We strongly support the requirement that the successful primary maternity facility should be accredited by the New Zealand Breastfeeding Authority as a Baby Friendly hospital. (Consumer/Lobby Group)*

## 4b. Physical environment, location and ease of transfer from or to National Women's Health Service (Auckland City Hospital).

### Background

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.

### Summary of Submissions

Four submissions spoke positively about the current provider, and a further four submissions considered that the location of the current provider was not an issue. Another three submissions, however, felt that transfer of mother and babies, particularly in winter, could be problematic.

One submission believed that the policy regarding the transfer of women and babies should be extended, and outlined this in detail and four submissions had suggestions for changes or improvements to the current facility.

### The Submissions

4.b.1 At least four submissions were generally positive about the current provider.

*Seems fine. (Service Provider)*

*All excellent. I feel strongly more women (ie low risk women under the care of ADHB/LMCs) should be actively encouraged to birth at BCA. (Service Provider: Midwifery Services)*

*The physical environment at Birthcare is pleasant and clean and provides a high level of privacy. (Service Provider: Midwifery Services)*

*Birthcare is a well organised, professional service of long standing, valued by both midwives and women. (Our organisation) strongly encourages ADHB to support this facility to continue to provide primary services. (Our organisation) strongly disagrees with any cancellation of their service as Auckland does not have a large number of primary services available. Consideration must be given to extra, not alternative providers of primary birthing services. (Professional Association)*

#### Location and ease of transfer

- 4.b.2 Four submissions considered that the location of the current provider was not an issue.

*Location of unit not an issue, however if moved on site with NWHS intervention rates will increase (Service Provider)*

*Ease of transfer is excellent under the current system. (Consumer Group)*

*The current provider is ideally located for the provision of inpatient postnatal care for women who have given birth at National Women's Health as well as the small percentage who need to be transferred from Birthcare to access secondary services at NWH. (Service Provider: Midwifery Services)*

*The ease of transfer to and from the existing external provider is a key element to its success. (Consumer Representative)*

- 4.b.3 A further three submissions, however, felt that transfer of mother and babies, particularly in winter, could be problematic

*The only downside of offsite services is getting into a car (much worse at night/winter) to go over the domain to BCA. Not a difficult task but it could be unnecessary for low risk women birthing at NWH (Service Provider: Midwifery Services)*

*This is often a problem for the small baby who has to transfer in the middle of a cold night. There are no incubator facilities at Birthcare. (Service Provider: Newborn Services)*

*...we are aware that many women and babies are expected to transfer...often directly out of the delivery rooms within a couple of hours of birth...Women, newborn babies and support people often tired and particularly vulnerable at this time. We believe it is very important to handle the transfer of women and new babies carefully to ensure that it does not create a stressful disruption to this early newborn period...(We are aware of) instances in which families have become lost trying to find their way from Auckland City Hospital to Birthcare in the middle of the night. (Consumer/Lobby Group)*

- 4.b.4 Currently, the LMC is responsible for arranging transport for a woman and baby when necessary from the primary maternity facility to another facility. One submission believed that the policy regarding the transfer of women and babies should be extended, and outlined this in detail:

*Features of a policy regarding the transfer of women from Auckland City Hospital to an external facility might include:*

- *No transfers between 10pm and 8am*
- *No pressure on women to be transferred from Auckland City Hospital before they feel confident to move.*

- *A person available from the hospital to escort women and babies to their cars and settle them in for the trip across to the primary facility*
- *A protocol for ensuring that babies are adequately dressed (warmly) for the transfer*
- *Clear directions for the transfer – i.e. a route map for getting to the primary facility, parking at the facility etc. Double checking with the support person or partner who will be driving to the facility that they are confident of where they are going.*
- *Signposting from the Auckland City Hospital to the primary facility*
- *A shuttle of taxi service provided by the hospital for those who do not have access to vehicles or are unable or unconfident to drive themselves.*  
(Consumer/Lobby Group)

### The Facility and Service Specifications Background

The National Service Specification for Primary Maternity Services states that 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 nonclinical 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.

- 4.b.5 Four submissions had suggestions for changes or improvements to the current facility.

*Very important for there to be a close proximity. The lifts should accommodate a bed and cot, there should be equipment for monitoring women and babies and assisting deliveries.* (Service Provider: O&G Services)

*The rooms could be a bit bigger - especially the two-bed rooms.* (Consumer Group)

*An ambulance needs to be readily available and on demand and in close proximity to the facility should this be required.* (Professional Association)

*The physical environment of the current provider is extremely pleasant although the twin rooms are perhaps a little on the small side and the second birthing (room) needs to be bigger and the birthing rooms also need soundproofing!* (Consumer Representative)

- 4.b.6 In addition to the service specifications described above, one submission suggested the following be implemented as a condition of the awarded contract:

- *A stand alone primary maternity facility, not within the secondary and tertiary hospital facility*
- *Bed and birthing room capacity should be sufficient for predicted volumes and growth*
- *The facility should have a direct route and not be reliant on major roads or motorways due to congestion...congestion is rarely a problem (at the current facility) and there is no involvement of major roads or intersections.*

- *The facility should be located within five minutes of National Women's Health Service. This is vital in case of emergencies and ease of transfers when required.*
- *The facility should have easy and free parking for women / visitors / staff / LMC's and family. (The current facility) provides this free of charge, equipped with a secure underground car park.*
- *The facility should have onsite services such as lactation clinic and other related maternity services e.g. Women's Health physiotherapy services.*
- *There should be provision within the facility for clinics and education services*
- *Dietary and nutrition services reflective of the health and cultural requirements of the women is required.*
- *Facilitation of clinical training for student midwives and a robust relationship with AUT is required to support the training requirements of students in normal pregnancy, birthing and postnatal care.*
- *Reliable security system for protection and safety for mothers, babies and staff. (Service Provider)*

#### 4c. Midwifery and nursing services

##### Background

The National Service Specification for Primary Maternity Services set out the following midwifery and nursing services:

- 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, dietician 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.

##### Summary of Submissions

Five submissions commented positively on the standard of care of the current provider, however a further two submissions commented on the standard of nursing and midwifery care in general, one of which believed many midwives were "ill equipped" to deal with medical issues. Two submissions expressed concern about the possibility of the provision of care by unqualified staff or non-midwives.

## The Submissions

- 4.c.1 Five submissions commented on the standard of care of the current provider
- Adequate* (Service Provider)
  - Seems fine* (Service Provider)
  - The culture and standard of care is very good* (Consumer Group)
  - The current provider has worked hard to provide a consistently high level of care, services and support to all women who access care within this facility.* (Service Provider: Midwifery Services)
  - Excellent* (Service Provider: Midwifery Services)
- 4.c.2 A further two submissions commented on the standard of nursing and midwifery care in general
- Crucial to have adequate staff at all times and others on call if necessary and all staff and midwives (LMC) should be covered by the policies of NWH to maintain standards clinically.* (Service Provider: O&G Services)
  - (Our Association) has expressed concern about the lack of currency of skill in resuscitation by some midwives and to what level of training some midwives undertake in this field of practice. There needs to be demonstrated and audited competency requirements in place for the providers operating out of a primary maternity facility that include resuscitation skills and recognition and initial management of severe complications. It is not always possible or timely to rely on transfer to another facility. For the safety of the mother and baby skill in the use of resuscitation equipment must be of paramount importance...(Furthermore), it is our view that some midwives are ill equipped to determine the medical status of pregnant women with problems such as heart disease, respiratory impairment, back problems or neurological disease. Anecdotally we can point to cases of long QT syndrome, multiple sclerosis and myasthenia gravis being missed or ignored in pregnancy.* (Professional Association)
- 4.c.3 Two submissions expressed concern about the possibility of the provision of care by unqualified staff or non-midwives.
- (Our Association) does not support non-midwife (nursing) service provision during labour and birth in particular. Postnatal services should also be provided by midwives. Any non-midwifery care provision must be supervised by midwives, and facility providers must outline how they will achieve a predominantly midwifery workforce.* (Professional Association)
  - (Our organisation) is highly concerned about the use of unqualified staff or non-midwives to provide care for women in labour and birth as well as post-natally. We believe that the primary maternity service provider must be required to provide qualified midwifery staff* (Consumer/Lobby Group)

## 4d. Ability to meet the needs of Maori, Pacific and other ethnic women and their families/whanau

### Background

The (primary maternity) 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.

## Summary of Submissions

Five submissions commented specifically on how the current provider is meeting the needs of Maori, Pacific and other ethnic women and their families/whanau, although four submissions argued that needs of different groups may be better met through changes in the contract.

Four submissions commented on the provision of services for Maori and Pacific women as well as other ethnic communities in general.

### The Submissions

- 4.d.1 Five submissions commented specifically on how the current provider is meeting the needs of Maori, Pacific and other ethnic women and their families/whanau
- Satisfactory (Service Provider)*
- Yes - doing so very effectively (Service Provider: Midwifery Services)*
- (Our organisation) believes that Birthcare is providing a supportive and nurturing environment for all women, regardless of their ethnicity. Good care is also provided for women needing extra care, e.g. those with mental health issues or in unsupportive or abusive relationships etc. (Consumer Group)*
- Again, we have had consistently good feedback from women of all ethnicities about the care they received from the current provider. (Service Provider: Midwifery Services)*
- Birthcare has a working relationship with Ngati Whatua and relation Pacific Island health providers and community groups. Birthcare Auckland is flexible to cultural traditions around birth and respective needs and also has an appointed Cultural Maori Advisor and Clinical Board for consultation and direction. (Service Provider)*
- 4.d.2 Four submissions argued for changes to the current contract to accommodate the needs of different groups
- Families often require meals and this is not covered by the Birthcare contract. If you have a mentally unwell mother she may need support of her whanau and they need feeding. (Service Provider)*
- This is a significant aspect of any service provision and the current provider would appear to do this well. However there is always room for improvement, in particular the provision of whanau rooms for large groups to visit in (Consumer Representative)*
- Should the ADHB contract with other providers for a similar service we would recommend that the rooms, both birthing and postnatal, are a little bigger. This would afford women more privacy and make it easier for more members of the women's whanau to provide support during her stay. (Service Provider: Midwifery Services)*
- ...We would expect that some evidence of providing such an environment and service would be required from the provider as part of their contract – i.e. actions and initiatives to ensure meeting these requirements outlined in the tender and annual reviews or reports as well as review of consumer feedback (Consumer/Lobby Group)*
- 4.d.3 Four submissions commented on the provision of services for Maori and Pacific women as well as other ethnic communities in general.
- Care that is based on evidence and focuses on women should be available to all women (Service Provider: O&G Services)*
- Consideration of extra primary birthing services in Maori, Pacific and other ethnic communities is essential. (Professional Association)*
- All women and babies need to know that their needs will be met in the most appropriate way and in a suitable environment. Cultural safety must go hand in hand with clinical safety. One should not be at the expense of the other. (Professional Association)*

*This is an important aspect in our culturally diverse city. The provider should have the ability to meet cultural needs in all respects, including whanau rooms and appropriate dietary requirements. (Consumer Representative)*

## 5. Changes to Service Specifications/Requirements

### Background

No changes to the current service specifications are currently being proposed by ADHB. There have, however, been calls for DHB's to actively support primary maternity services as birthing facilities as well as for provision of post natal care.

### Summary of Submissions

Encouraging women to birth in a primary facility was supported by more than half of the submissions (nine out of 14). A further two submissions suggested that more information should be made available to women in order that they are able to make a fully informed choice and two submissions suggested changes to the current arrangements

### The Submissions

- 5.1 More than half of the submissions (nine out of 14) believed that women should be encouraged to birth in a primary facility. Three of these submissions urge the ADHB to consider another primary maternity facility in the Mt Wellington/Ellerslie/Panmure region, whilst one had suggestions on how more women might be encouraged to give birth at a primary maternity facility.

*All low risk women need to start labour in 1° Facility. There should be no choice. (Service Provider)*

*YES more women with low risk pregnancies should be supported to birth at BCA. It is a very comfortable, relaxed, safe existing facility that is close enough to NWH/ADHB should transfer become necessary. All low risk women should be birthing away from 2° / tertiary environment. See latest NWH clinical audit sheets. (Service Provider: Midwifery Services)*

*Transfer between facilities shortly after birth is a disruption that ADHB should aim to avoid wherever possible, by encouraging and requiring most normal births to take place away from Auckland City Hospital...We encourage ADHB to develop plans and protocols to ensure that women with low risk pregnancies are booked to birth at primary facilities (including home births), and are only booked to birth at NWH if there are clear reasons for anticipating that the additional services there will be needed. (Non-Profit Organisation)*

*I believe that all low risk women should be required to birth at a primary birthing facility. Birth is not an illness and the vast majority of women do not **need** to birth at a tertiary or secondary unit. National Women's should focus on what they are good at which is providing exceptional care and great outcomes for high risk women and/or infants... Auckland has a wide geographical spread and access to both the Grafton Road site, the current external provider and Greenlane can be difficult for some women, especially those without public transport. The establishment of a small unit in the Mount Wellington/Panmure area would service the needs of those women well. (Consumer Representative)*

*Yes, ADHB must make changes to the current system in order to encourage and support more women being able to give birth at the primary maternity facility. (Our organisation) strongly urges ADHB to establish more primary maternity units in its region - in the Mt Wellington/Ellerslie region for example. (Consumer Group)*

*It is suggested that all low risk women in the Central Auckland area should be given the option of being taken to Birthcare to have their babies ...It is not only important for*

*mothers and babies that ADHB supports them to utilise primary facilities but it is essential if the secondary and tertiary services are to remain responsive and effective as the acute obstetric service. (Professional Association)*

*We believe that women whose pregnancies progress normally should be supported and encouraged to give birth at home or in a primary maternity facility. It is hugely wasteful of resources and inappropriate for women/babies to access maternity services in a tertiary hospital. We strongly encourage the ADHB to put out a tender for another primary level maternity facility in the Ellerslie/Mt Wellington area to meet the needs of the growing population of birthing women/whanau in the Eastern/South Eastern area of its catchment. (Service Provider: Midwifery Services)*

*...there are proven benefits to women and their babies when birthing within a primary maternity facility. Where women commence labour within a primary maternity facility and then transfer to a secondary facility there have been proven better outcomes for this group of women, in comparison to those low risk corresponding women who commence labour within a secondary facility. This, in turn reduces the cost of maternity services due to a reduced cascade of intervention. Reduced intervention and a natural environment that supports normal birth influences the woman's ability to breastfeed successfully. This must be a major consideration. (Service Provider)*

*We strongly support any moves that would encourage and support women to birth in primary facilities where appropriate...we suggest that several strategies could be put in place to facilitate an increase of births in primary facilities such as Birthcare. They might include:*

- *Increasing the pool of midwives available to care for women at primary facilities.
  - *by encouraging midwives to take up access agreements with those venues. This may include consulting with midwives who work in the ADHB area and addressing any limitations or disincentives for midwives to use the primary facilities available.*
  - *enabling midwives employed by National Women's Health Service to attend low risk women to deliver at primary facilities, rather than at Auckland City Hospital.**
- *Putting in place a priority booking system, such as is in place in the Waikato, whereby women are automatically booked into a primary unit unless there are risk indications that suggest they should be attended in the hospital setting or they specifically request to birth at another facility such as Auckland City Hospital. (Consumer/Lobby Group)*

- 5.2 Two submissions suggested that more information should be made available to women in order that they are able to make a fully informed choice about where they give birth.

*Women have the right to choose where they birth and they have the right to information that informs them of that choice. Many women will choose to opt for a secondary/tertiary facility because of the issue of transfer care does not then arise should it be required. Some women prefer a smaller less high tech approach and this is equally appropriate for these women. Proximity to family and friends may also be a factor in the women's choice. What is needed is the best available information for that woman at that time taking into account all factors; clinical factors, level of support available, how the woman wishes to manage her labour, bed availability around other ADHB facilities, provider availability, affordability issues etc. (Professional Association)*

*Women need to be fully aware of the facilities available at birthcare (in particular what there ISN'T available), in order to allow a fully informed choice to be made. (Service Provider: O&G Services)*

5.3 Two submissions suggested changes to the current arrangements

1. Five day stays for maternal mental health clients.
2. Meals for spouse (whanau) (Service Provider)

*Paediatric cover needs to be built into the new arrangements, currently two paediatricians in private offer variable cover, but at times they are both away together (the govt compensation only covers non-ADHB LMC's). (Service Provider: Newborn Services)*

## 5a Other Comments

### Summary of Submissions

Three submissions spoke in favour of the current provider.

Whilst two submissions spoke in favour of the decision not to expand the public capacity, another two queried the decision not to expand the public capacity, including one which warned the ADHB that encouraging women to birth in a primary facility might give grounds for complaint should something go wrong.

Three submissions had suggestions as to what could be implemented in the awarded facility and another four submissions had advice for the DHB: One submission queried the lack of focus in the consultation document on the 'baby'.

### The Submissions

5.a.1 Three submissions spoke in favour of the current provider.

*Birthcare Auckland provide an excellent service currently (Service Provider)*

*Overall the service has been good for maternal mental health clients and we have good outcomes (Service Provider)*

*We feel that it is important to minimize disruption to consumers with respect to maternity service provision. For women in pregnancy and their family, whanau and community. a change of location for birthing their babies or receiving post-natal care is disruptive and unsettling. We understand that Birthcare Auckland has been providing a satisfactory and high quality service for birthing women and for women and babies post-natally. We would support continuing the contract with Birthcare Auckland in the interests of minimizing unnecessary disruption to maternity services in Auckland (Consumer/Lobby Group)*

5.a.2 Three submissions spoke in favour of the decision not to expand the public capacity.

*I strongly oppose money, resources and energy going into an on site (NWH/ADHB) 1° birthing 'facility'. This will not work for women and/or midwives because of the existing medical 'culture' in this institution - as well as a matter of principle - i.e. there is a perfectly good (if not excellent) 1° birthing facility 5 mins away from ADHB. Women will do better if they birth in a stand alone birthing centre and midwives will fulfil autonomous practice expectations. (Service Provider: Midwifery Services)*

*We are pleased to note that ADHB is not intending to increase the capacity of National Women's Health at Auckland City Hospital and that it must continue to access primary maternity services from an external provider. We agree that Auckland City Hospital is not an appropriate location for primary maternity facilities. As mentioned above, we would like to see more primary birthing-maternity facilities provided in the ADHB area. We have no opinion on whether these should be owned by private or public providers, so long as the provider meets the standards required to accreditation as a Baby Friendly Hospital. (Non-Profit Organisation).*

*For women in Auckland who have National Women's as their LMC it is outright discrimination that due to funding issues they are unable to birth at a primary unit. If*

*reducing interventions is a goal of the organisation then allowing primary birthing to remain onsite so that it can prop up secondary and tertiary services is, in my opinion, unethical and is not remotely woman friendly...(however I understand) there are plans to establish a midwifery led low risk unit for women with National Women's as their LMC on Level 10. Why is funding being diverted into this project instead of utilising an already existing primary unit across the park?!? (Consumer Representative)*

- 5.a.3 One submission queried the decision not to expand the public capacity, whilst another warned the ADHB that encouraging women to birth in a primary facility might give grounds for complaint should something go wrong.

*What is the reason for the decision not to 'expand the public capacity'? Pregnancy and childbirth (actually part of the pregnancy) are natural events, from which women and babies die in large numbers if there are not good midwives and doctors involved. Excluding doctors is bad for women and the service and the future and only increases the intervention. (Service Provider: O&G Services)*

*The DHB must be very careful in 'supporting' or 'encouraging' intra partum care off-site because if there were a problem, and the woman/her family had felt in any way co-erced to deliver at Birthcare, then could be grounds for complaint. (Service Provider: O&G Services)*

- 5.a.4 Three submissions had suggestions as to what could be implemented in the awarded facility

*The following (should be) implemented in the awarded facility:*

- *Postnatal period commenced at time of delivery of the placenta. This, ideally because the delivery of the placenta is seen as the final stage of the labouring/birth process, as supported by the Section 88 Notice.*
- *The facility should be QHNZ certified and accredited*
- *The facility would require supportive management structure both administrative and clinical in the following areas:*

*Midwifery*

*Lactation*

*Education*

*Financial reporting*

*Cultural advisory*

*Clinical Board*

*Quality*

*Clinical advisory group (hospital based)*

*The facility would require a comprehensive Patient Information System for the reporting of volumes to both National Women's Health and Auckland DHB. (Service Provider)*

*(Our Association) believes that a full range of resuscitation equipment must be provided, on hand and maintained to a safe and operable standard. (Professional Association)*

*Any provider must be BFHI accredited and have a strong midwifery led culture. (Consumer)*

- 5.a.5 Four submissions had advice for the DHB:

*We need to be aware of the increase in population in Auckland the shortage of midwives which won't be corrected in the foreseeable future; the complexity is increasing with diversity, older women and diabetes mellitus. (Service Provider: O&G Services)*

*(Be) aware of geographical and financial boundaries that will impact final decision.  
(Service Provider)*

*Provision of a variety of smaller maternity facilities within the ADHB geographical area would enable more women and their families/whanau to receive maternity care in environments that are more socially and culturally appropriate to their needs and more geographically accessible. (Non-Profit Organisation)*

5.a.6 One submission queried the lack of focus in the consultation document on the 'baby'.

*There appears no recognition of the BABY in this document. (one 4 line paragraph).  
The LBW, jaundiced, 36 weeks baby requiring treatment will need to be seen by a  
paediatrician in most instances. Other low risk babies may also develop problems  
requiring consultation. Who do you propose to offer paediatric cover? Most of these  
infants will not be covered outside of ADHB (i.e. the paediatrician consulted will need  
to be paid). (Service Provider: Newborn Services)*

## Conclusion

The submissions presented in this document reflect, in many ways, the ongoing debate around the relative safety of different places of birth. The views presented in submissions from midwifery service providers, non-profit organisations, consumer/lobby groups and a Midwives Professional Association which advocate birth in primary, low intervention units, are in stark contrast to those presented by O&G Service Providers and a Professional Association representing medical staff who argue that, for the safety of the mother and baby, birth is best in a secondary or tertiary medical facility. This division is most obvious in Section Five of this document, where statements such as

*... all low risk women should be required to birth at a primary birthing facility.*

are contrasted against statements such as

*Pregnancy and childbirth...are natural events, from which women and babies die in large numbers if there are not good midwives and doctors involved. Excluding doctors is bad for women and the service and the future and only increases the intervention.*

It is, therefore, important to consider the context of such a debate against the submissions presented as part of the consultation for the provision of a primary maternity facility for Auckland District Health Board. As such, it was often difficult to discern criticism for the current provider from criticism for low intervention birth units in general.

In all, however, the majority of submissions were supportive of the current provider, citing in particular:

- The current excellent standard of service provision;
- High quality of care (including nursing and midwifery services) and;
- Well-managed relationships between Birthcare, National Women's Health and Auckland District Health Board.

More than half of the submissions presented felt that the length of the current contract (5 years) was not long enough, and many suggested that it be extended to a seven or eight year contract. In addition, many believed that the service provider should receive all, or more, of the allocated amount for maternity services.

Some possible changes were suggested. Whilst some submissions felt that there were no issues regarding the current provider around the physical environment, location and ease of transfer from or to National Women's Health Service (Auckland City Hospital), at least one-quarter of submissions suggested that the process of transfer of women and babies was problematic, and another quarter suggested that small changes or improvements (such as larger twin rooms) in the current provider's facilities would enhance the service already provided.

Whilst it was generally believed that other, new providers would not be in a position to tender against the current provider, three submissions argued that the ADHB should consider another primary maternity facility in the Mt Wellington/Ellerslie/Panmure area.