

Maternity Quality & Safety Programme

Annual Report

Bay of Plenty District Health Board

1 July 2014 – 30 June 2015



Bay of Plenty District Health Board – Women, Child and Family

Tauranga Hospital Cameron Road - Private Bag 12024 - Tauranga 3143 - New Zealand

Whakatane Hospital Corner Stewart and Garaway Streets. PO Box 241 Whakatane 3158



Healthy, Thriving Communities

Acknowledgements

Maternity Quality and Safety Governance Group – Bay Of Plenty District Health Board

Margret Norris - Midwife Leader (Chair)
Sachit Gagneja – Project Lead
Matthias Seidel – Obstetrician
Thabani Sibanda- Obstetrician
Esther Mackay – Clinical Midwife Manager
Maggie Sadlier – Clinical Midwife Manager
Tracey Wood – Midwife Educator
Lois Austin – Quality and Patient Safety Coordinator (WC&F Service)
Deborah McMurtrie – Community Radiologist Representative
Heidi Omundsen – Anaesthetist Representative
Karina Craine – Paediatrician (WC&F Service)
Lani Marama – Maori Health Representative
Mel Bedggood – Consumer Representative
Abigail Kolo’ofa’i– Consumer Representative
Claire McNally – GP Representative
Joanne McKnight - GP Representative
Nicky Campbell - Private Primary Birthing Centre Representative
Michelle Goodhew / Twink Drayton– Lead Maternity Carer Representative
Sarah Thorn – Lead Maternity Carer Representative

People who have also contributed towards this document

Karen Smith - Business Leader (WC&F Service)
Michael John- HOD Obstetrics
Brian Pointon – Portfolio Manager
Johnny Louie – Portfolio Manager

The Governance group would also like to acknowledge the women and families/whanau that have provided valuable feedback on our maternity services. Through this feedback we are able to work towards improving quality and safety of our maternity services in Bay of Plenty District Health Board.

Contents

	Page
Vision, Mission and Values _____	6
Purpose _____	7
Background _____	8
Maternity Outcomes:	
Section One: Aims / Objectives of the Bay of Plenty DHB Maternity Service & MQSP _____	8
Section Two: Data Analysis _____	18
Section Three: MQSP Governance and Operations _____	42
Section Four: Quality Improvement _____	48
Section Five: MQSP Strategic Plan Deliverables _____	68

Section 1

Our Vision

Healthy, thriving communities
Kia Momoho Te Hapori Oranga

Our Mission

Enabling communities to achieve good health and independence and ensure access to high-quality services.

Our Values

Compassion	<ul style="list-style-type: none">• We will treat everyone with empathy and compassion• We will respect everyone.• We will recognise the suffering of others and take action to help.• We will preserve people's dignity.
Attitude	<ul style="list-style-type: none">• We will work constructively with people.• We will lead by example.• We will promote positive attitudes to healthy living.• We will support patients to make choices that will improve their health.
Responsiveness	<ul style="list-style-type: none">• We will respond to people's needs in a timely and appropriate way.• We will recognise and respect individual needs and requirements.• We will interact in ways which are culturally sensitive, and responsive, to our communities
Excellence	<ul style="list-style-type: none">• We will strive to do the right thing in the right way, each and every time.• We will do the best we can, with the resources we have, at the time.• We will encourage and support all to participate in educational opportunities and to up-skill.• We will recognise and celebrate when people deliver on excellence.• We recognise that excellence is a dynamic concept, and will continuously strive for improvement.

Purpose of **Maternity Quality and Safety**

Maternity Quality and Safety Programme

The purpose of establishing the Maternity Quality and Safety Programme is to find effective ways to deliver appropriate maternity services with maternity providers and consumers working together at the local level in a way that builds the workforce and improves safety and quality of maternity services for women and their babies, with a particular emphasis on integration of hospital and community services.

Maternity Annual Report

This Annual Report covers the implementation and outcomes of BOP DHB's Maternity Quality & Safety Programme in 2013/2014, as required under section 2.2c of the Maternity Quality & Safety Programme Crown Funding Agreement (CFA) Variation (Schedule B42):

This Annual Report:

- Demonstrates BOP DHB's delivery of the expected outputs as set out in Section 2 of the Maternity Quality and Safety Programme CFA Variation
- Outlines progress towards BOP DHB's MQSP Strategic Plan deliverables in 2014/15
- Showcase BOP DHB's priorities, deliverables and planned actions for 2014/2015 and arrangements undertaken/planned to enable smooth transition of Maternity quality and safety programme to business as usual from July 2015

The vision and mission statements of the Bay of Plenty District Health Board align with the purpose and establishment of the Maternity Quality and Safety programme.

Background

Alignment with New Zealand Maternity Standards

This Annual Report has been developed to meet the expectations of the New Zealand Maternity Standards (as set out below).

Expectations of the New Zealand Maternity Standards:	
<i>Standard One: Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies</i>	
8.2	Report on implementation of findings and recommendations from multidisciplinary meetings
8.4	Produce an annual maternity report
8.5	Demonstrate that consumer representatives are involved in the audit of maternity services at Bay of Plenty DHB
9.1	Plan, provide and report on appropriate and accessible maternity services to meet the needs of the Bay of Plenty district
9.2	Identify and report on the groups of women within their population who are accessing maternity services, and whether they have additional health needs
<i>Standard Two: Maternity services ensure a women-centred approach that acknowledges pregnancy and childbirth as a normal life stage.</i>	
17.2	Demonstrate in the annual maternity report how Bay of Plenty DHB have responded to consumer feedback on whether services are culturally safe
19.2	Report on the proportion of women accessing continuity of care from a Lead Maternity Carer for primary maternity care
<i>Standard Three: All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.</i>	
24.1	Report on implementation of the Maternity Referral Guidelines processes for transfer of clinical responsibility

Section 1

Objectives: Bay of Plenty DHB's MQSP for 2014/15

- Improve the first trimester registration with LMC
- Improving the gaps between hospital and community maternity service providers
- Establishing consumer involvement at all of levels
- Improving the rates on new-born screening indicators
- Auditing and reviewing the implementation of Referral Guidelines
- Develop and implement standardised robust maternity patient transfer plan on regional level
- Improving breastfeeding rates through networking and sharing of resources
- Analyse, Identify and address any variation in the national clinical indicators
- Improving the gaps between the maternity support service providers
- Improving Immunisation Rates

Our Region - Understanding Population

Understanding district population is an important step towards understanding population specific needs. It does not only involve knowing about the numbers; it is learning about cultural sensitivities and their barriers.

The Bay of Plenty District Health Board has an estimated population of 219,395 people and regional population of 267,741 which ranks 5th in 16 regions across New Zealand and covers an area of nearly 10,000 square kilometres. (Statistics New Zealand, 2013). Bay of Plenty Region has 6.3 percent of New Zealand's population.



Source: www.pixgood.com

Population of Bay of Plenty Region and New Zealand

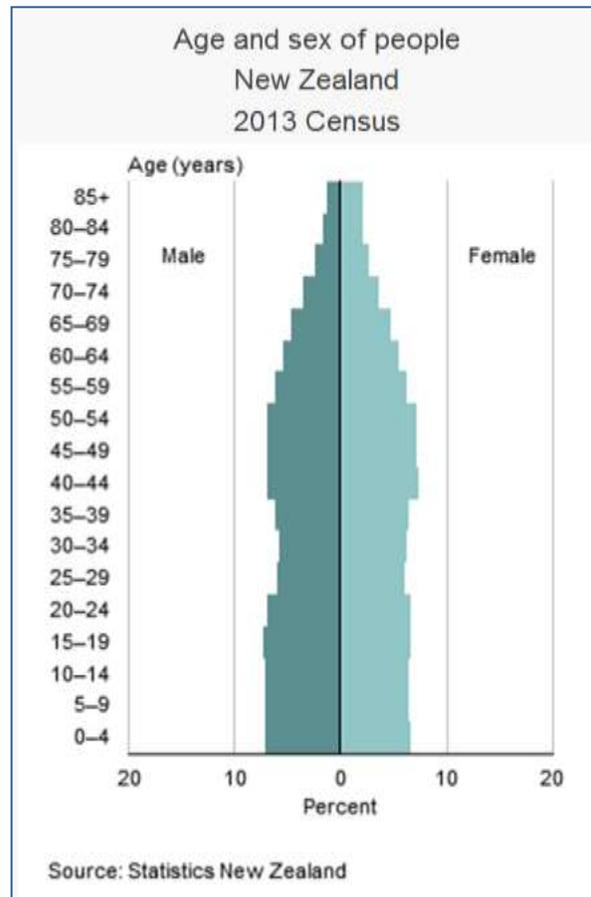
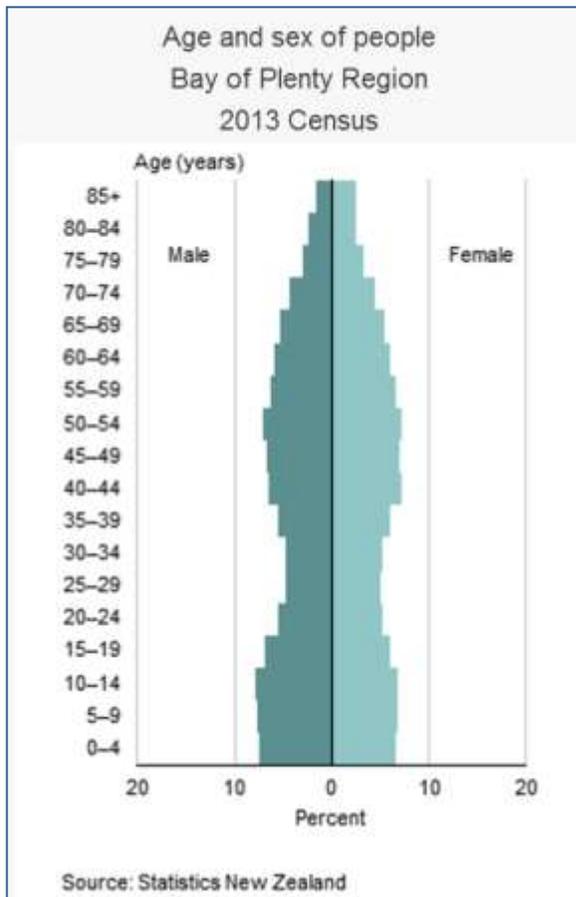
2013 Census

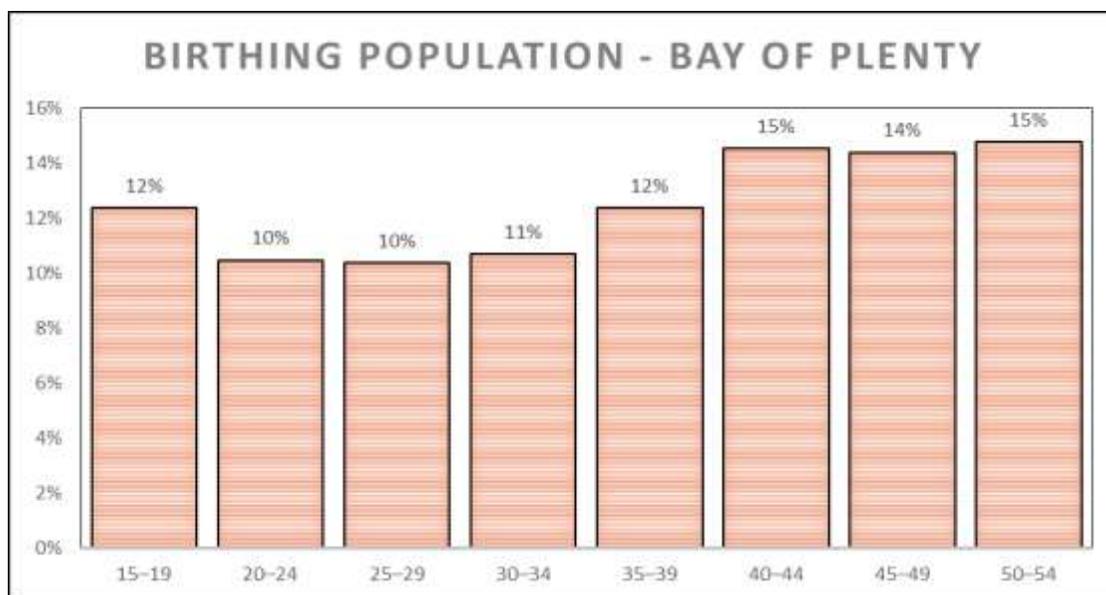
Sex	Bay of Plenty Region	New Zealand
Male	128,874	2,064,015
Female	138,867	2,178,033
Total people	267,741	4,242,051

Source: Statistics New Zealand

Age, Sex and Birthing Population

The median age is 40.6 years for people in Bay of Plenty region compared to 38.0 years for New Zealand population as whole. 17.5 percent of people in Bay of Plenty Region are aged 65 years and over, compared with 14.3 percent of the total New Zealand population. 21.6 percent of people are aged less than 15 years in Bay of Plenty Region, compared with 20.4 percent for all of New Zealand.





Cultural Diversity

The Bay of Plenty District is rich in ethnic diversity due to its early settler history. 75.7 percent of people in Bay of Plenty Region belong to the European ethnic group, compared with 74.0 percent for New Zealand as a whole. 27.5 percent of people in Bay of Plenty Region belong to the Māori ethnic group, compared with 14.9 percent for all of New Zealand.

Ethnic groups in Bay of Plenty Region and New Zealand		
2013 Census		
Ethnic group ⁽¹⁾	Bay of Plenty Region (percent)	New Zealand (percent)
European	75.7	74.0
Māori	27.5	14.9
Pacific peoples	3.1	7.4
Asian	5.2	11.8
Middle Eastern, Latin American, African	0.5	1.2
Other ethnicity		
New Zealander	1.7	1.6
Other ethnicity nec	0.0	0.0
Total other ethnicity	1.8	1.7

Maori Population

As per 2013 census, 68,943 Maori live in Bay of Plenty region which ranks 3rd in size out of 16 regions in New Zealand and comprises of 11.5% of total New Zealand Maori population.

Three quarters live in the Western Bay of Plenty with nearly half living in the main urban area of Tauranga City. One quarter of the population live in the Eastern Bay of Plenty.

For population aged over 15 years in Bay of Plenty region, the median income is \$22,600 compared to \$24,000 of New Zealand as whole. By ethnicity, Maori population in this region has a median income of \$19,000.

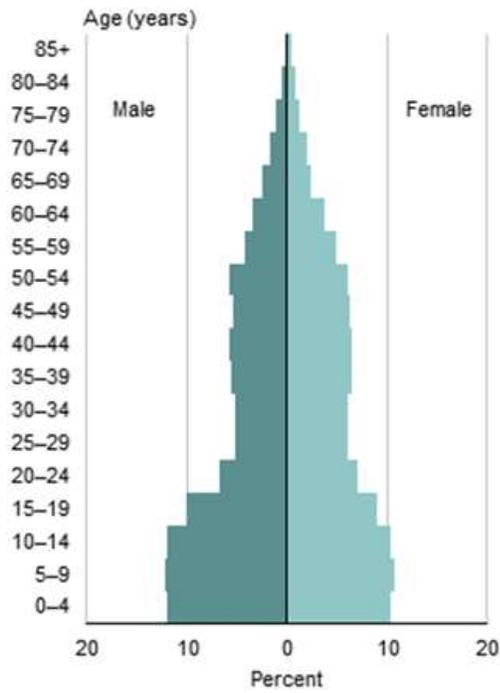
Māori population of Bay of Plenty Region and New Zealand		
2013 Census		
Sex	Bay of Plenty Region	New Zealand
Male	32,991	288,639
Female	35,952	309,966
Total people	68,943	598,602

Source: Statistics New Zealand

Approximately one-quarter of the population are Maori with about half of the nearly 67000 Maori living in the Western Bay of Plenty and half in the Eastern Bay of Plenty.

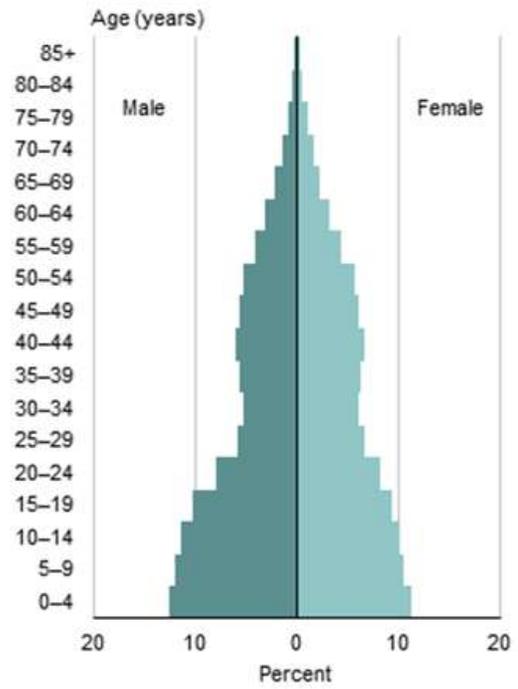
The Median Age is 24.9 years for people in Bay of Plenty Region as compared to 23.9 years for New Zealand as whole. 6.4% of population is over 65 years and 33.7% are under 15 years of age.

Age and sex of Māori
Bay of Plenty Region
2013 Census



Source: Statistics New Zealand

Age and sex of Māori
New Zealand
2013 Census



Source: Statistics New Zealand

Uptake of Maternity Services

In the 2013 Calendar year, in Bay of Plenty district:

- 2751 Labours were recorded
- Of the total recorded, 47 were handled in Tertiary (2 %); 2,470 in Secondary (90%); 64 in Primary Facility (2 %) and 150 home births (5 %)

Maternal Demographic Profile:

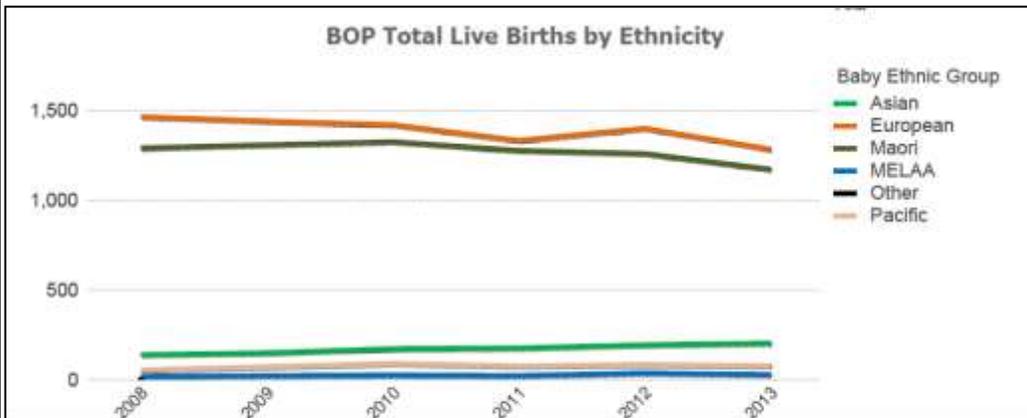
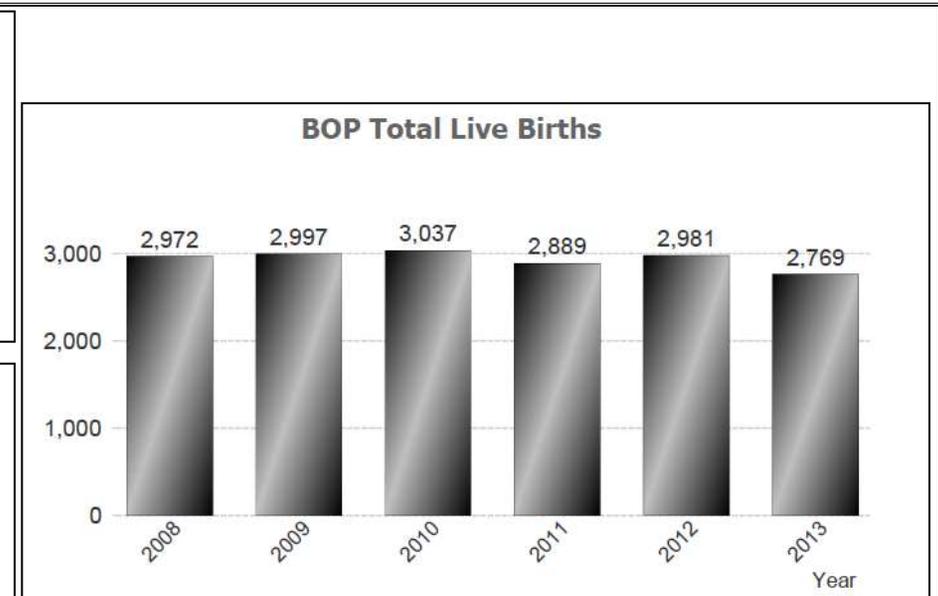
In the 2013 calendar year, in Bay of Plenty district:

- 50.96% of women giving birth were European
- 38% of all the women giving birth were Maori by ethnicity;
- Nearly one in every ten women giving birth were either an Asian or Pacific (8% & 2%)
- The most common age group for a woman giving birth was 25-29 years (26.19%) followed by 30-34 years (24.51 %)
- Approximately, 9.8% of all women giving birth were teenagers (16-19 years)
- Maori women comprised 70% of all teenage pregnancies (16-19 years).
- 27.6 % of all women giving birth lived in the most socioeconomically deprived areas (quintile 5) of which nearly 70% were Maori by ethnicity.

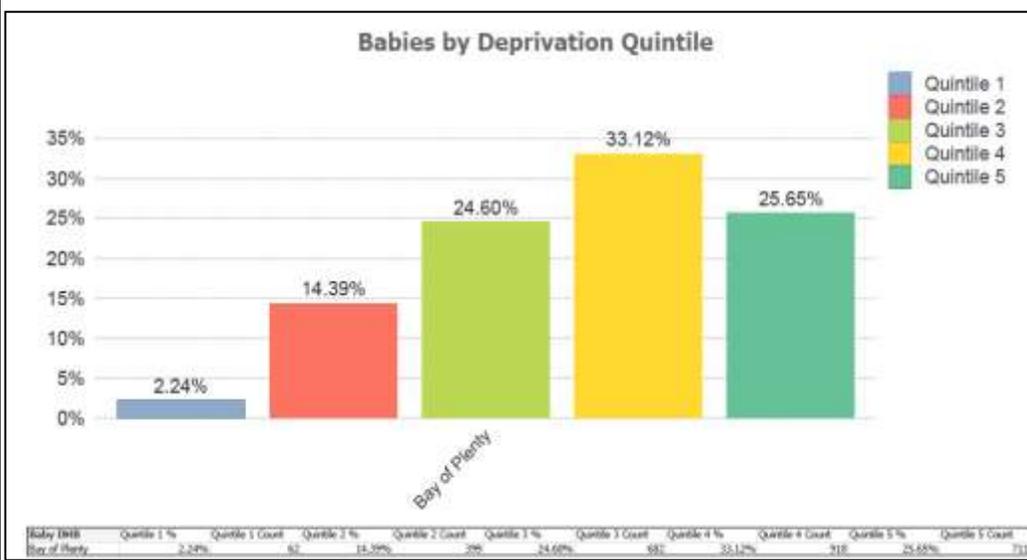
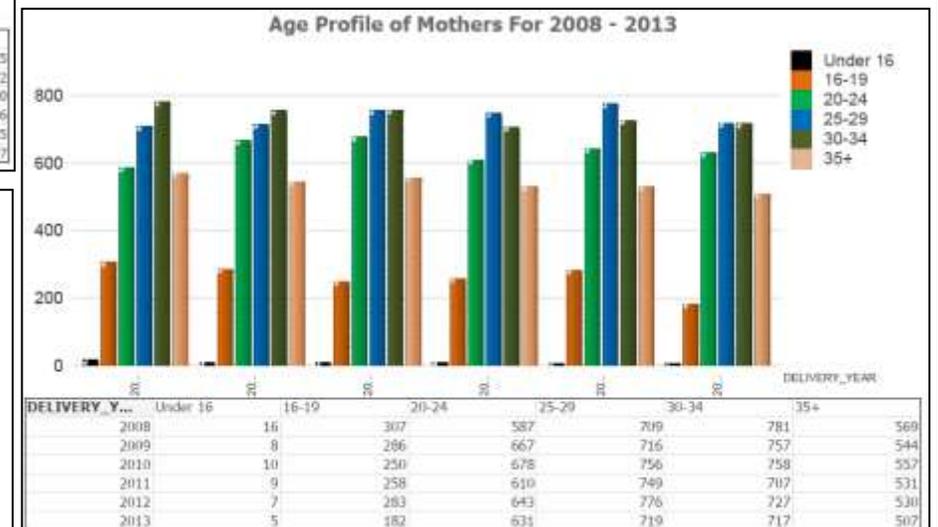
Maternity Facilities

In the 2013 calendar year, in Bay of Plenty district:

- Majority of Women (89.15 %) gave birth at Secondary Facility (Tauranga and Whakatane Hospital) in contrast to 1.84 % at Tertiary (Waikato) and 3.42 % at Primary Facility.
- 4.29% of women were reported to have homebirth.
- Women living in the most deprived areas were the most likely to give birth at a primary facility (68.62 % of quintile 5 women) or a Homebirth (33.59 % of quintile 5 women).



Year	Baby Ethnic G...	Asian	European	Maori	MELAA	Other	Pacific
2008		130	1,467	1,293	17	1	53
2009		150	1,442	1,310	23		72
2010		171	1,422	1,327	26		96
2011		177	1,335	1,278	23		76
2012		194	1,402	1,262	38		83
2013		204	1,286	1,173	29		77



Maternity Service Challenges

- One of the prominent issues identified by the BOPDHB on analysing maternity clinical indicators provided by Ministry of Health is the significant variation in some indicators like high rates of Caesarean section births under GA and requiring blood transfusion.
- Registration with midwife within first trimester is yet another challenge for BOP DHB maternity services. Bay Of Plenty has witnessed increase in the proportion of women registering within first trimester.
- Another long standing challenge is the disparity in the health status of Maori population when compared with Non-Maori population. Some of the areas where figures show significant variation are:
 - Pregnancy complications;
 - Conditions around the time of birth;
 - Mental health.
 - Smoking in pregnancy
 - Immunisation
 - Engagement with well child providers
- Significant gaps exist between the maternity and support service providers. Knowledge of services provided in the region and the referral process to these support services needs to be improved
- Need to review and introduce new resources for Lactations services. Digital resources for better access, availability and user experience.
- Increasing uptake of smoking cessation support services to reduce smoking in pregnancy.
- Enabling and empowering women during post-surgical period to take care of her baby including breastfeeding.

Section 2

Data Analysis

BOPDHB Maternity Service Configuration

- Primary care in Bay of Plenty District is provided by the Lead Maternity Carers, which is mainly midwives with the exception of one General Practitioner in Tauranga. All LMCs hold an access agreement with the Bay of Plenty DHB.
- BOPDHB maternity service has two Level 2 secondary care facilities at the Whakatane and Tauranga Hospitals and health centres at Murupara and Opotiki.
- The two secondary care units are staffed with midwives and a small number of registered nurses. Tauranga facility has a staff of over 50 midwives (full and part time) and Whakatane employs around 20 midwives.
- Obstetricians are available in both the secondary care facilities with Registrars and House Surgeons on the Tauranga site.
- Whakatane and Tauranga both have level two Neonatal Services- Special Care Baby Units.
- Waikato Hospital is the Tertiary Centre provider for the Bay of Plenty District but due to the high occupancy of the Neonatal Cots in Waikato the women from the Bay of Plenty may be transferred to other tertiary centres such as Auckland and Wellington.
- In Bay of Plenty, over 99% of pregnant women register with a lead maternity carer at any point of pregnancy, which is one of the highest proportions in New Zealand. There are a very small number of women that do not register with an LMC and unless their delivery is imminent the women are given a list of Lead Maternity Carers and offered assistance in engaging one.

- If the woman is delivered by the Maternity Unit staff midwife, then a midwife is provided for postnatal care. If they are an out of town visitor their LMC will be contacted and updated.
- The LMC is supported by the secondary service which consists of Obstetricians, Paediatricians, Midwives, Neonatal Nurses, and Lactation consultants.
- Antenatal education is provided by external providers who have a contract with Planning & Funding to provide the education. In addition to this, Bay Of Plenty District Health Board has three Kaupapa Maori antenatal education providers.
- Currently there are 65 access holders in the Western Bay and 13 in the Eastern Bay. The access holders do have varying caseloads; however there is an opportunity for all women to have a Lead Maternity Carer.
- Tauranga and Whakatane will now be reviewed every three years due to successful passes over the last three audits.
- Bay of Plenty District Health Board has achieved and maintained Baby Friendly Hospital Initiative (BFHI) status in the Tauranga, Whakatane and Opotiki. Murupara was exempt from this process.
- BOPDHB maternity offers smoke exposure screening for all inpatients with patient education, provision of NRT products, a written self help guide to help stop smoking and referral to cessation services for pregnant women and their families, One on one counselling if requested/required for high risk pregnancies.
- Safe Infant Sleep screening to identify SUDI vulnerable infants, education and modelling of safe sleep practices within the maternity setting, education on safe settling skills.

Outcomes of Priority Areas

Timely Registration with LMC

Maternity Quality and Safety programme has been working closely with maternity stakeholders to further improve the timely registration of pregnant women with midwives. Bay of Plenty has one of the highest proportions of women who are registered with LMC at any point of time of pregnancy (99.4%- BOP; 99.7%- Otago *as per Maternity Annual Report 2010*).

- According to the maternity clinical indicators data 2012 released by Ministry of Health shows a 2 percent increase from 66% in 2011 to 68% in 2012. Figures further improved in 2013 to reach 71.8%.
- Letter received from National maternity monitoring group pointed that in Bay of Plenty 74% of women registered with LMC within the first trimester in the year 2014.
- By the second Trimester, approximately 95% of women were registered with LMC against the national average of 85.4%
- By ethnicity, Maori and Pacific women are less likely to get registered with LMCs within first trimester of Pregnancy (55.4% and 39% respectively)
- Rates of Registration with LMC increases with the increasing age group. 57.1% of pregnant teenage women were registered with LMC within first trimester compared to 74.4 % for age group 30-34 years and 74% for group 25-29 years of age.

Steps We've Taken

MQSP Governance group identified two key areas that needed to be addressed to increase first trimester LMC registration:

- 1) Understanding local population and the barriers
- 2) Multidisciplinary approach by integrating services provided by maternity care providers

Through the data analysis, we have been able to identify at-risk population groups in terms of ethnicity, location and age group which has enabled us to design interventions targeting specific group of population. For this purpose, we have established strong working relationship with community providers of maternity services through MQSP Governance Group to enable integration of services to support this priority.

With the help of consumer and Maori health services representatives on the governance group, we have been able to identify some common barriers for early registration. Consumer representatives interviewed mothers in the parenting groups and survey in the Tauranga and Whakatane maternity units has concluded that public awareness and ease of access are the areas where improvements can be made. During interviews, even the large proportion of mothers who understood the importance of early registration with midwife stated they were not sure of the appropriate channels through which they could book a midwife.

Following these findings, Governance group discussed about devising strategies to promote awareness not just around the importance of early booking but also about the available channels through which women can book a midwife. Initially “Finding Health Professional” section was introduced on the public website to help people finding nearest G.P. or midwife. In addition to this, dedicated Maternity resource webpage “Planning or Having a Baby” within BOPDHB public website was introduced which gives a clear overview of the Maternity services and emphasizes the benefits of early registration with LMC.

It was further realised that there is a need to promote these developments and messages around importance of early booking with midwife. WCF worked with communications team at BOPDHB to design a communication plan for the promotional campaign. This was also discussed with the Governance group and outcomes were incorporated into the plan. Communication team picked up NHS London programme “ASAP- As Soon As You’re Pregnant” as an example and worked closely with NHS London to share ideas and resources. This campaign also promotes “Find Your Midwife” website for easy access to list of midwives. Some key points of the campaign:

- In addition to Social and print media, posters and flyers will be used at GPs, PHOs, Maternity/Midwife Centres, Family Planning, Pharmacies, Parent Centres, Plunket offices, Health NGO’s including Maori/Pacific providers, Hospital campuses (ED, maternity, paediatrics), Social workers, School nurses/counsellors, Work and Income offices, Iwi (marae, kapa haka groups), Multicultural and ethnic-based agencies, Local businesses and Schools/kindergartens/kohanga reo.
- Posters in holder at back of the toilets in supermarkets, bars, cafes, cinemas.
- Information wallet cards or leaflets added to the pregnancy test kits available at pharmacies.
- Print Media : Press releases, Health Matters articles (Weekend Sun, Bay Weekend), Health Promoting Schools newsletter, WorkWell e-newsletter
- Message Badges for GP and Pharmacy staff.

In addition to this, Lead Maternity Carers are offered to participate in Cultural safety education programme which enable them to understand the cultural needs of our district. This education programme is compulsory for all DHB maternity provider staff.

BOPDHB has reviewed non-LMC claims data provided by Ministry of Health. It was realised that these numbers are significant and needs attention as there is a high tendency for a missed screening in these women. Feedback was sought from GP representatives on the group who with discussion with other GPs reported that most GPs are not very sure of scans and screenings that needs to be done. To address this, Governance group decided to send out the updated service specification to all GPs. Also, work is underway to upload it to the Bay Navigator which can be accessed by the non-hospital staff and will be available as a reference for GPs even after the completion of MQSP programme.



ASAP
As you're pregnant
Book your midwife

The earlier you contact us, the sooner we can book you in for important screening and blood tests.
It's free to register with a midwife.

Tauranga – 07 579 8164
Whakatane – 07 306 0811
www.findyourmidwife.co.nz



ASAP
As you're pregnant
Book your midwife

Tauranga – 07 579 8164
Whakatane – 07 306 0811
www.findyourmidwife.co.nz

5 things to do within the first 12 weeks of pregnancy

- 1 Book your midwife asap
- 2 Discuss screening options with your midwife
- 3 Take iodine and continue folic acid
- 4 Eat well and exercise
- 5 Avoid smoking, drinking alcohol and other drugs

The first 12 weeks of your pregnancy



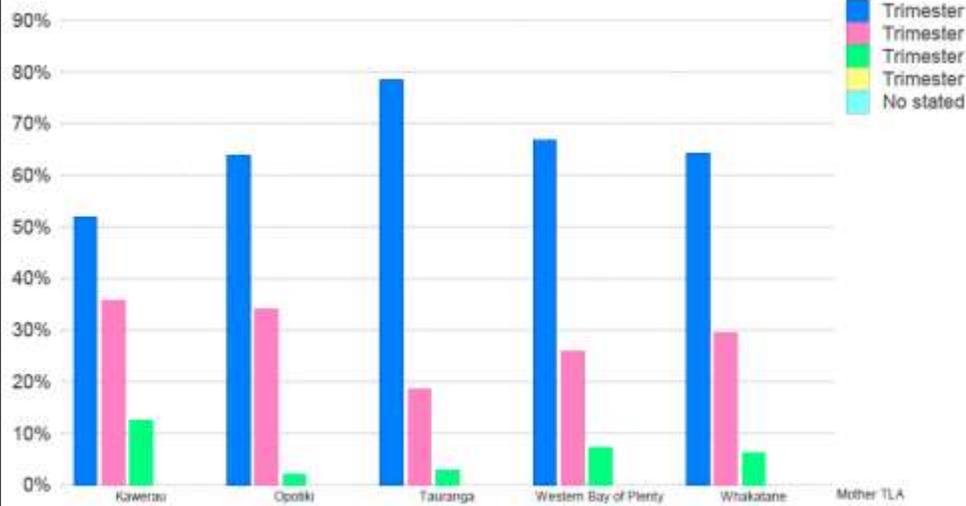
1. You're pregnant
2. Book your midwife ASAP
3. Meet with your midwife
4. You will have a health check and discuss your screening options

- 1 You take a test and find out you are pregnant. You can have this confirmed by your doctor or midwife.
- 2 Contact your midwife asap to book your first appointment.
- 3 At your first appointment you will discuss the next steps, your baby's care and where to have your baby.
- 4 You will have various health checks, blood tests and a scan if you choose to.

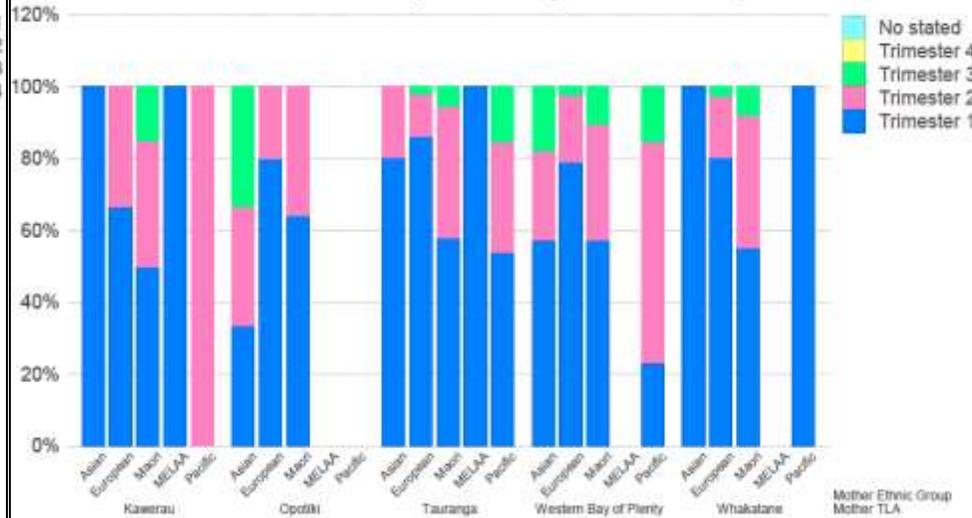
5 things to do within the first 12 weeks of pregnancy

- 1 Find a midwife (also called a Lead Maternity Carer). It is easy and means you will get the information and support you and your baby needs.
- 2 Consider early pregnancy screening. First trimester screening needs to occur within 10-14 weeks of pregnancy. Early screening identifies genetic and pregnancy conditions, and growth abnormalities.
- 3 Take iodine – an essential nutrient – from confirmation of pregnancy through until the end of breastfeeding. Continue folic acid for at least the first three months of pregnancy.
- 4 Eat well and exercise.
- 5 To encourage healthy growth of your baby, avoid smoking, drinking alcohol and taking other drugs.

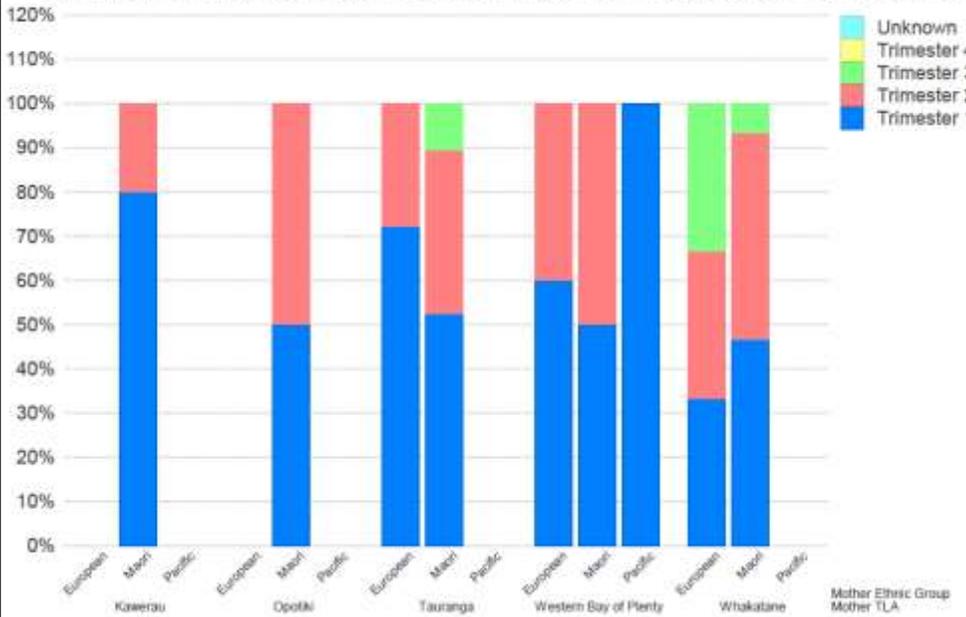
BOP DHB - Trimester of registration by TLA for 2013/14



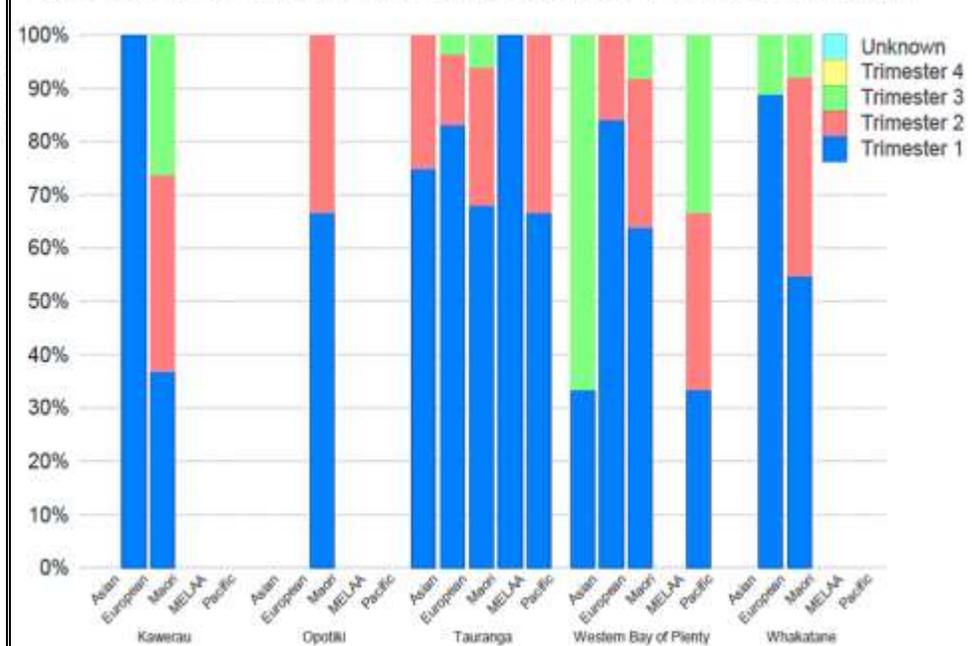
BOP DHB - Trimester of registration by TLA & Ethnicity for 2013/14

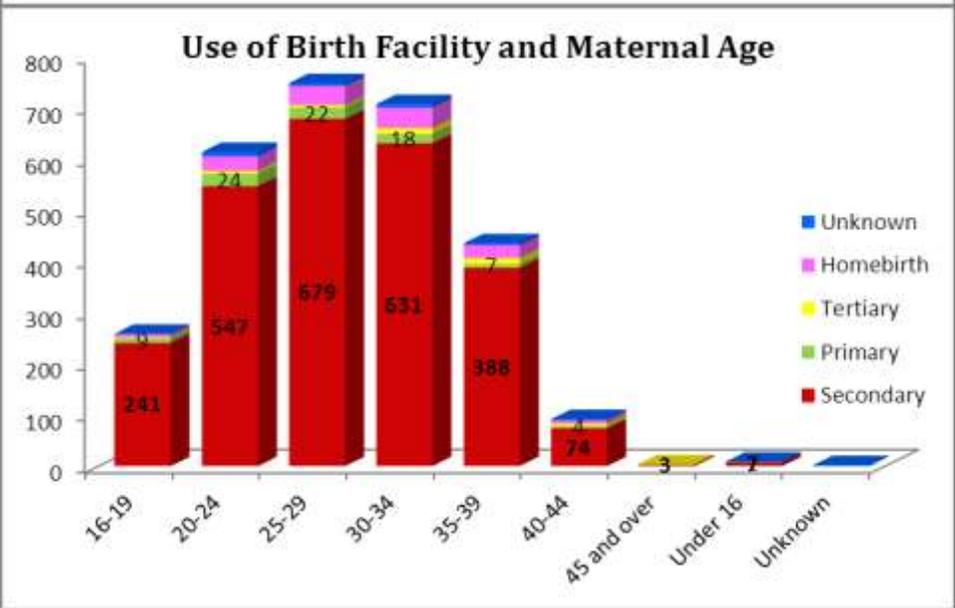
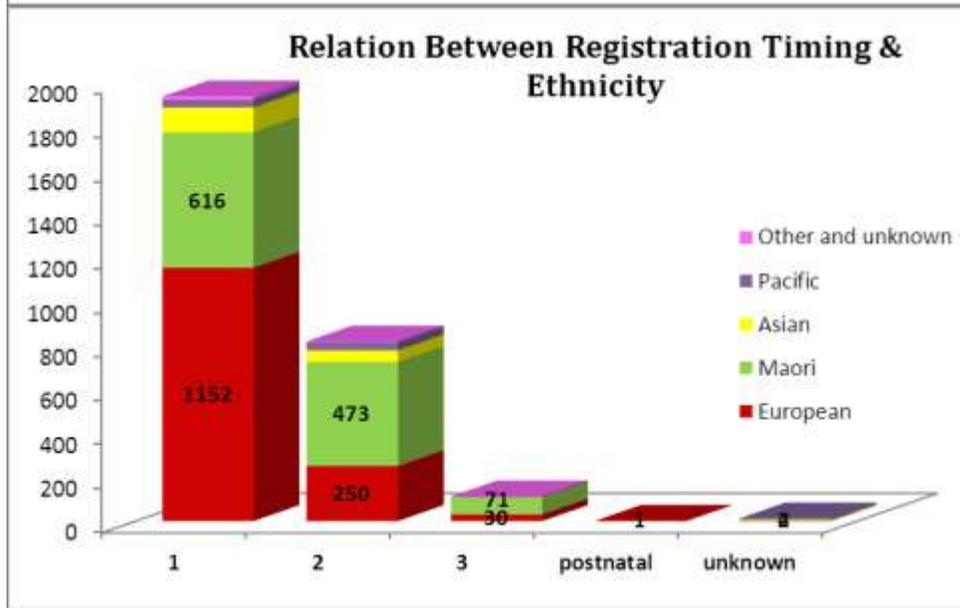
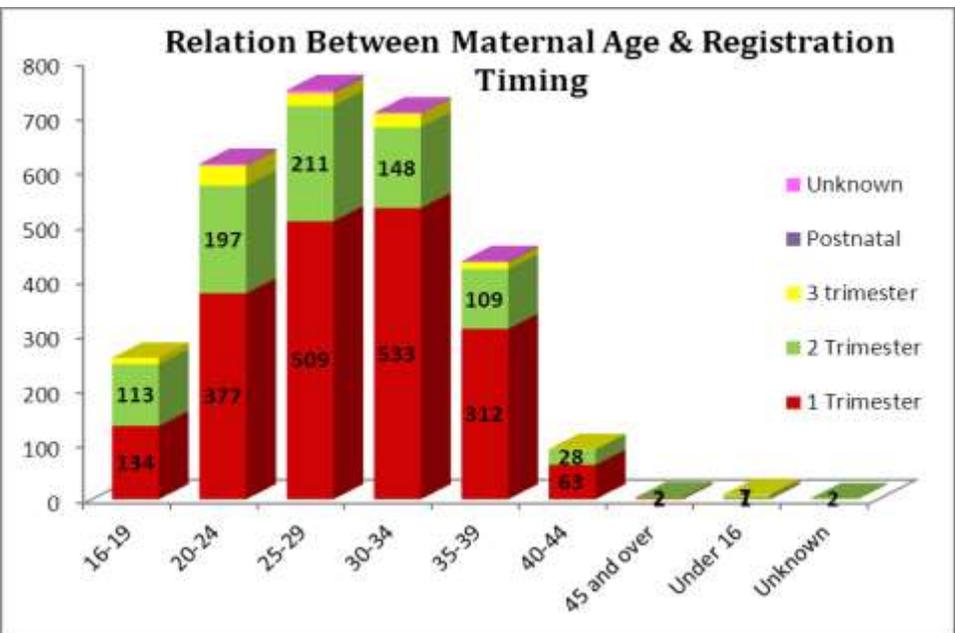
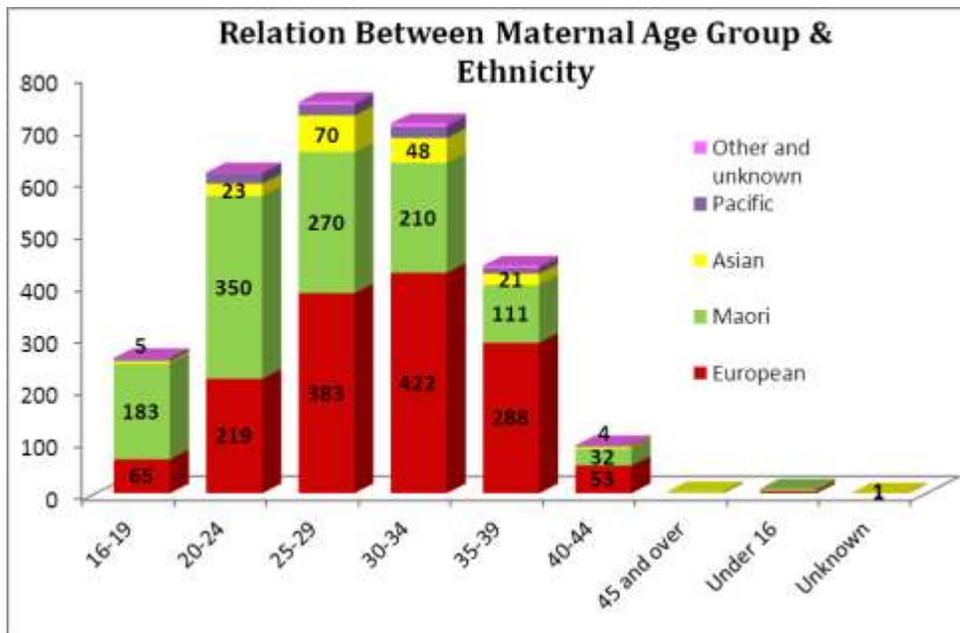


Trimester of LMC First Registration for Mother's 16-19yrs of all births by TLA



Trimester of LMC First Registration for Mother's 20-24yrs of all births





Immunisation



Bay of Plenty DHB will continue focus on increasing immunisation in our district. There are many stakeholders from across the sector whose individual work forms part of the 'greater whole' in terms of the approach to supporting increased immunisation in the district. The DHB continually seeks to identify new options to maximise every opportunity to increase our performance in this area.

There are several forums and groups working collaboratively towards improving immunisation rates. These include:

- 1) BOP Immunisation Advisory Group (BOPIAG). This steering group has oversight of all immunisation matters in the BOP. It provides advice to the CEO through Planning and Funding on strategic direction and planning of immunisation services, surveillance of vaccine-preventable diseases, and monitoring of vaccination performance across the life course under Terms of Reference last reviewed in 2013. The Immunisation Advisory Group works toward achieving its Strategic Plan 2013-2018, with a membership made up of representatives from:
 - Planning and Funding
 - Maori Health Planning and Funding
 - Toi Te Ora-Public Health
 - BOPDHB Community Child and Youth Health Services
 - NIR team
 - All PHOs
 - BOP Immunisation Facilitator
 - BOPDHB Midwife Leader as Midwife Liaison
 - Maori Women's Welfare League (MWWL)
 - Plunket Society
 - Immunisation Advisory Centre (IMAC)
 - Asthma and Respiratory Management BOP.

This group meets quarterly. There is also a separate BOP Influenza Group, which plans and monitors actions for the annual influenza campaign, and reports to BOPIAG during autumn/winter.

- 2) Western and Eastern BOP Immunisation Forums. These are operational groups who meet monthly with membership from local PHOs, Outreach Immunisation Services (OIS), National Immunisation Register (NIR), Lead Maternity Carer (LMC), IMAC, MWWL, Immunisation Facilitator, Public Health Nurses.
- 3) NIR Operational Group. This group meets quarterly and focuses on examining the data required to meet targets. Membership includes Immunisation Coordinators, Immunisation Facilitator, Toi Te Ora - Public Health Service and NIR.
- 4) Immunisation Health Target Forum. This group meets monthly and focuses on target performance at the senior management level. Membership includes CEOs of the three PHOs, GM Planning and Funding, GM Maori Health Planning and Funding, and Portfolio Managers in Planning and Funding.

Steps Taken So Far

BOPDHB is working closely with primary care partners to monitor and increase new born enrolment rates to 100%, immunisation coverage at DHB, PHO and practice level, to effectively manage identified service delivery gaps.

BOPDHB will continue to maintain immunisation alliance steering group that includes stakeholders from hospital and community health units. This steering group will continue to participate in regional and national forums as facilitated by the MoH including monthly teleconferences with the MoH as appropriate.

Governance group has emphasised about the importance of integrated services on various occasions. This has been brought into focus to achieve seamless handover of mother and child as they move from maternity care services to general practice and WCTO services. New projects like “Healthy Pregnancies” have been introduced to improve the integration of services within the region.

Parents who decline immunisation will continue to be referred to the outreach immunisation service within BOPDHB. This service provides education on the benefits of immunisation for those who have declined along with follow-up in future to check if parents have reconsidered their choice.

The results have decreased for the 6-month result, in particular for Maori.

Increased Immunisation Health Target Total Population 8 Months

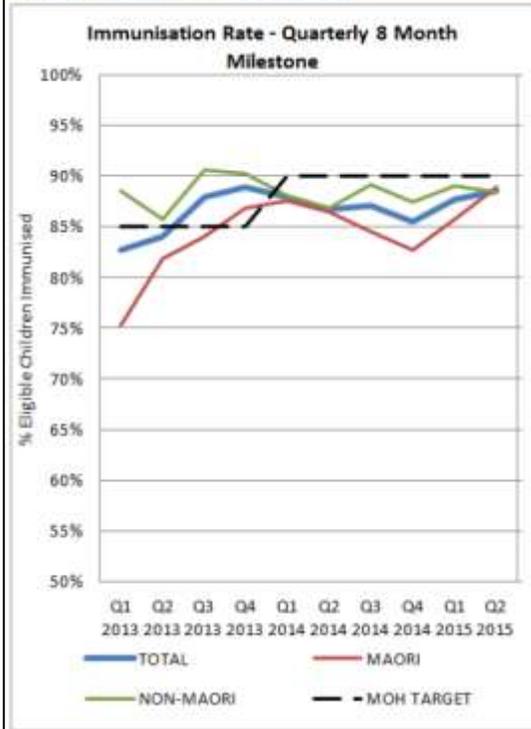
	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
TOTAL	88%	87%	90%	88%	90%	88%
EBPHA	88%	88%	91%	95%	90%	91%
NMOPHO	100%	89%	94%	95%	90%	82%
WBOPPHO	90%	88%	89%	88%	91%	92%

Increased Immunisation Health Target Maori Population 8 Months

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
TOTAL	89%	84%	90%	91%	88%	85%
EBPHA	89%	87%	90%	94%	92%	88%
NMOPHO	100%	94%	94%	94%	89%	85%
WBOPPHO	88%	82%	91%	92%	88%	93%

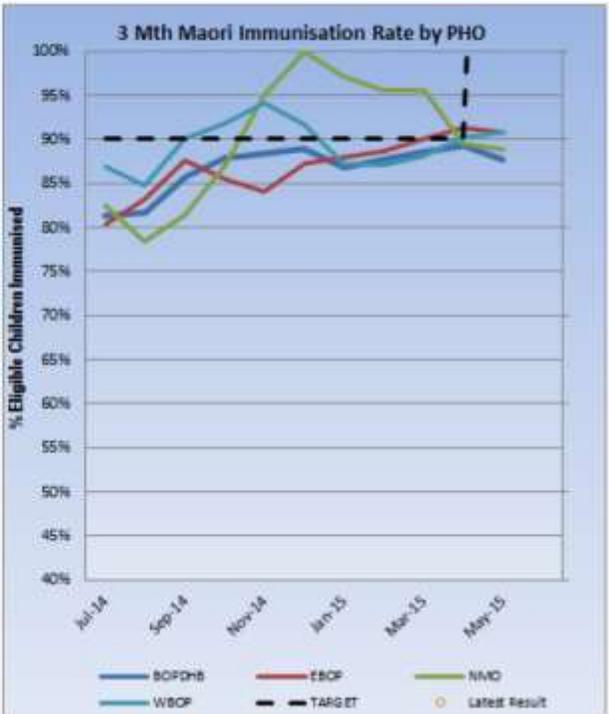
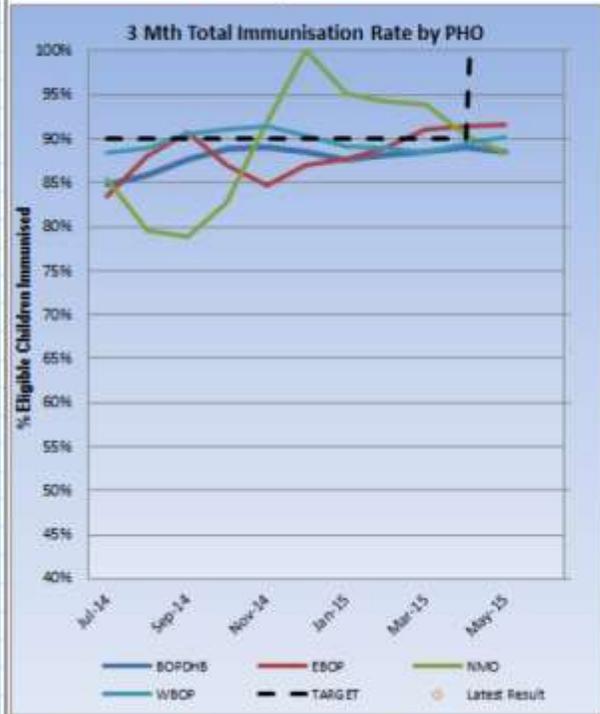
1. Immunisation Rate Dashboard *

May 2015



1. Immunisation Rate - by PHO *

May 2015



* DATA SOURCE: National Immunisation Register Birth Cohort Childhood Immunisation (NIR BC CI) - 8 Month Fully Immunised for Age Data

Influenza Vaccination

Protecting pregnancy from influenza is a special focus as it poses a serious risk to both women and the baby. There are a number of influenza related complications that can affect development of the baby and can even lead to miscarriage or premature birth. For this reason, in Bay of Plenty DHB influenza vaccination was available for free to all the pregnant women in the antenatal clinic. Influenza vaccination was featured in the Bay of Plenty Midwifery newsletter.

Vaccinations were available for free to all employed staff of the Bay of Plenty DHB. But this year the invitation for free vaccinations was offered to the self-employed midwives and also the staff at the Private Primary Birthing Unit.



BAY OF PLENTY MATERNITY
MIDWIFERY NEWSLETTER

Influenza immunisation of pregnant women is recommended by the World Health Organization. Because of the higher risk of influenza infection to mother and baby, the World Health Organization (WHO) recommends that pregnant women should be the highest priority in seasonal influenza vaccination programmes.

The Ministry of Health is working closely with PHARMAC, vaccine suppliers, DHBs and PHOs to make sure this year's influenza immunisation campaign rolls out smoothly this April following the global delay in the vaccine. The Ministry of Health expects it will be arriving in early April.

Influenza Resources for Midwives and LMCs are available online or can be order with the order form attached with the newsletter.

For more information, <http://www.influenza.org.nz/>

ASAP - As Soon As You're Pregnant

Early registration with midwife (within 12 weeks of pregnancy) is a priority work stream of various national bodies. Responding to this high priority issue, MQSP launched a ASAP - As Soon as you're pregnant campaign including other initiatives. Recent data from MoH suggests that proportion of women booking within first trimester of pregnancy has increased from 68% to 73% in Bay of Plenty Region. We congratulate and thank you for being a part of this success.

Resources (Posters, Brochures & wallet cards) can be order with an order form attached with this newsletter.



SMOKEFREE PREGNANCY - A NEW APPROACH
- BY NATASHA SAWIRT

A new resource has been developed addressing tobacco smoking in pregnancy. The resource has been adapted by Natasha Rawiri a Midwife currently employed as Papi-Pod Programme Coordinator and Smokefree Maternity Champion across the DHB, working at both Tauranga and Whakatane sites.

Talking to pregnant women and their families about their smoking and encouraging them to become smokefree for their own health and for the health of their growing baby is important.

It is hoped that when addressing smoking and pregnancy, the resource will be something valuable that can be taken away and used. It contains information such as risks to both mother and baby, the benefits of becoming smoke-free, withdrawal symptoms, dangers of second hand and third hand smoke, and also has a "Quit Plan" which encourages the women to personalize it and to make it a part of their journey to become smokefree.

You can order the 'If you Smoke and are Pregnant' resource for your ward through the Design and Print Centre; key word 'Smoking and Pregnancy'.

NEW DENTAL ENROLMENT REQUEST CARDS

As from the 1st March all women that have their babies at Tauranga Maternity Unit, Whakatane Maternity Unit or Bethlehem Birthing Centre will be given a card to complete for their oral health. This has replaced the form in the Well Child Book that midwives were asked to complete and send in. The card is in the form of a leaf in half with the opposite side having the mailing address on it, which can be dropped into the outbox at the reception areas.

QUESTIONS, COMMENTS OR FEEDBACK

If you have a story or any pictures to share with others, please contact MQSP Project Manager, Sachit Gagneja by email sachit.gagneja@bopdhb.govt.nz or call 07-5796513.

Breastfeeding

BOPDHB acknowledges that breastfeeding helps lay the foundations of a healthy life for a baby and also makes a positive contribution to the health and wider wellbeing of mothers and whānau/families. Exclusive breastfeeding is recommended by the Ministry of Health until babies are around six months.

In 2015, BOPDHB has again achieved BFHI accreditation which is a joint UNICEF and WHO project and aims to increase breastfeeding rates and encourage global breastfeeding standards for maternity services. BOP DHB encourages practices that fully protect, promote and support exclusive breastfeeding from birth.

Bay of Plenty DHB has achieved its aspirational target for infants aged six months. Our performance has marginally reduced from base line figures. Numbers of fully and exclusively breastfed infants compares favourably to national average, and also when benchmarked against the performance of the other Midland DHBs.

Steps Taken So Far

Bay of Plenty DHB produces monthly reports on breastfeeding on defined key performance indicators which helps to identify service gaps and areas of improvement.

Bay of Plenty DHB has also established Te Umakainga Nohonga Pai, a steering group bringing together key stakeholders to support breastfeeding, safe sleeping and a smokefree environment for babies (pepi), with a particular focus on Māori. Other initiatives include supporting the Big Latch On and the work of Ukaipo (the Eastern Bay of Plenty breastfeeding coalition).

Bay of Plenty District Health Board

Non Special Care Nursery

Breast Feeding Stats FinYear 2014/15

Exclusive Breast Feed KPI

Target for Exclusive BreastFeeding is: 80%

	2014	2014	2014	2014	2014	2014	2015	2015	2015	2015	2015	2015	
	July	August	September	October	November	December	January	February	March	April	May	June	
ALL SITES													
Non-Special Care Nursery	81%	88%	84%	81%	88%	87%	80%	84%	78%	82%	75%		82.6%
TAURANGA HOSPITAL													
	82%	87%	81%	79%	88%	85%	76%	83%	74%	79%	75%		81%
WHAKATANE HOSPITAL													
	75%	93%	93%	86%	84%	90%	90%	86%	89%	90%	72%		86%
OPOTIKI HOSPITAL													
	100%	100%	83%	100%	100%	100%	100%	86%	100%	88%	100%		95%
MURUPARA HOSPITAL													
	100%												100%

TAURANGA HOSPITAL													ok
Year	2014	2014	2014	2014	2014	2014	2015	2015	2015	2015	2015	2015	Total Numbers
Month	July	August	September	October	November	December	January	February	March	April	May	June	
													YTD
Percentage: Exclusive to Discharges	82%	87%	81%	79%	88%	85%	76%	83%	74%	79%	75%		81%
Numbers of:													
Mother/infant pairs discharged from the facility	157	153	135	186	177	119	152	127	134	140	130		1616
Exclusive breastfeeding at discharge	128	138	109	147	156	101	116	106	99	111	98		1309
Fully breastfeeding at discharge	9	4	4	3		2	2	3	4	7	3		41
Partial breastfeeding at discharge	18	13	15	29	14	12	25	13	24	15	23		201
Artificial feeding at discharge	2	4	7	7	7	4	9	5	7	6	6		64
Total	157	153	135	186	177	119	152	127	134	139	130		1615

WHAKATANE HOSPITAL													
Year	2014	2014	2014	2014	2014	2014	2015	2015	2015	2015	2015	2015	Total Numbers
Month	July	August	September	October	November	December	January	February	March	April	May	June	
													YTD
Percentage: Exclusive to Discharges	75%	93%	93%	86%	84%	90%	90%	86%	89%	90%	72%		86%
Numbers of:													
Mother/infant pairs discharged from the facility	53	41	46	57	58	50	42	36	35	39	47		504
Exclusive breastfeeding at discharge	40	38	43	49	49	45	38	31	31	35	34		433
Fully breastfeeding at discharge	3		1	2	4	1				1	6		18
Partial breastfeeding at discharge	5	1	2	2	3	3	2	3	2	5	5		28
Artificial feeding at discharge	5	2		4	2	1	2	2	2	1	1		22
Total	53	41	46	57	58	50	42	36	35	37	46		501

Breastfeeding Mobile & Tablet App

Bay of Plenty DHB is actively working with regional DHBs and Healthshare to develop a breastfeeding resource app for mobile and tablets. The senior Lactation Consultant from the Bay of Plenty DHB is leading this project to provide free and timely information and support, to breastfeeding mothers throughout Aotearoa New Zealand.

It has been designed to meet the needs of New Zealand women, with a particular emphasis on the needs of women (and their whānau /families) who may be young, Māori, rural, with possibly limited access to other resources.

The App. includes second person language, cartoon-like graphics, photos, short video clips, links to established breastfeeding sites, and narratives to make the App. very real and personal.

The idea of the App. was originally mooted to help meet the needs of the Baby Friendly Hospital Initiative (BFHI). Health practitioners highlighted the need for a better way of giving key messages on breastfeeding to pregnant, birthing and postnatal women to improve the uptake of information.

Increasing breastfeeding rates and maternal/ whānau confidence in breastfeeding is a challenge to health professionals, consumers, health funders, and parenting support groups alike.

Smoke free Pregnancy



Maternal smoking is the largest modifiable risk factor affecting foetal and infant health in the developed world. The significant number of women smoking during pregnancy is a major health concern. To reduce the health impact of smoking on the community the Bay of Plenty District health board has staff working in Smoke free Health promotion, enforcement of the smoke free Environments act and assisting people to quit smoking.

Steps Taken So Far

Studies have proved that women who smoke are more likely to stop during pregnancy than any other time in their lives. Considering this valuable opportunity, there is now the role of a maternity free co-ordinator (0.6 FTE) has been added to the existing role, as and the smoke free coordinators isare also the safe sleep champions and pepi-pod distributors.

With the introduction of this new role, a variety of initiatives have been taken to provide better support with the interventions for promoting smoking cessation in pregnancy. Issues were identified in all the areas of DHB around the documentation of “ABC” screening where patients are often screened but not reflected in the documented. Steps now have been taken in maternity with the help of smoke free coordinators to improve the documentation of the screening. Some initiatives include:

- Daily Auditing of all admissions to check if screening is documented which is evidenced by the use of green stickers.

- Strong working relationship between primary health workers and DHB staff through Smoke free coalition group. This engagement enables effective communication between service providers, collaboration of strategies, updates of national initiatives and support and education.
- The Smoke free coordinator is facilitating NZ Heart Foundation online smoking cessation training for all the maternity care providers, which allow them to become quitcard providers. Staff who have already done this course in the past have been asked to take this course as a refresher. This training is also available for all LMCs.

New Resources – Self Help guides

Maternity Smoke free coordinators at Bay Of Plenty District Health Board has recently developed and launched two new self help guides to smoking cessation, aimed at pregnant women who smoke and to ensure that baby has a Smokefree environment once born. These resources are available at both Tauranga Maternity and Ko Matariki. These resources are available for both staff midwives and LMCs so that they can then give it to pregnant women who smoke at the time of booking along with “Quit Pack” which contains all written resources in zip lock bag. This resource has now been made available to the Well Child and Tamariki Ora providers in the Bay of Plenty

Te Hapu Ora training

This training for midwives is aimed to support pregnant women who smoke during pregnancy and is willing to quit smoking. Clinical Link Champion here at Bay of Plenty DHB, contracted by Christchurch company Innov8 Smokefree, held seven workshops in Tauranga and two workshops in Whakatane since May 2014, where a total of 78 midwives (62 Tauranga and 16 Whakatane) have completed the 4 hour training. This was aimed to make midwives confident in approaching the topic of ‘smoking while pregnant’ or recommending a referral to a cessation service as part of their clinical practice.

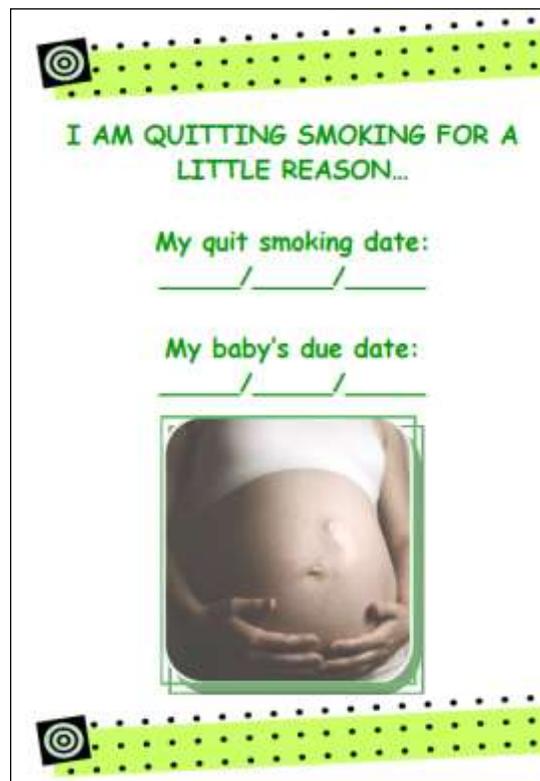
Recent research highlights how smoking is an addiction, not a social choice. The programme ensures that midwives are clinically trained about smoking in pregnancy, and how to apply the ABC approach to provide best smoke free care to women who are pregnant and smoking. This model encourages health practitioners to Ask about and record smoking status, provide Brief smoke free advice

(including information about cessation options); and recommend referral to a Cessation service.

As part of the workshops, local cessation providers are invited along to talk about their services. This provided an opportunity for the midwives to meet face to face with the service providers and understand the services provided when the referrals are made.

Success So Far:

BOPDHB statistics for the July-Sept 2014 quarter show that only 14.9% (total) and 13.8% (Maori) accepted the offer of cessation support from their LMC. In the second quarter from Oct-Dec 2014, these figures had increased to 32.5% (total) and 34% (Maori). This shows the value of the training workshops and the impact that this has on our community.



Sudden Unexpected Death in Infancy



Every year of the total two hundred and fifty infant deaths, about sixty die from Sudden Unexpected Death in Infancy (SUDI) which makes SUDI the leading cause of preventable post-neonatal deaths in New Zealand. SUDI rates for BOPDHB is just under the national average, quite low regionally but relatively high when compared with some other DHBs in the country.

Steps Taken So Far

Considering significantly high SUDI rates in the region, BOPDHB stood in support of this issue in regional meetings. BOPDHB has worked closely with other DHBs in the Midland region to develop a region wide Safe Sleep policy.

Aligning with other DHBs, Bay of Plenty District Health Board is also a member of the Pepi-Pod programme which was developed as a public health intervention for tailoring protection directly to more vulnerable babies. Under this programme, Pepi-pods are being offered to families of more vulnerable babies, to help reduce sudden infant deaths, and are making a positive difference, especially for Māori. Quality distribution process and safe sleep awareness are the key performance indicators of the programme.

Pepi-Pod Programme Report 2014

Pēpi-Pod® Programme Report

Period: to December 2014

Accumulative summary of distribution and follow up data, by DHB region, for records entered on database from July 2013.

Region	Distribution (N=3175)							Follow-up (N=2128)				Feedback (N=688)	
	Total	Maori		Smoking in Pregnancy		Uses CS Card		Yes		Want to keep pod		People spoken with	Total to date
	n	n	%	n	%	n	%	n	%	n	%	n	n
Bay of Plenty	298	233	78	230	77	216	72	219	73	204	93	2056	133
Canterbury	38	15	39	22	58	31	82	32	84	29	91	113	46
Counties Manukau	132	43	33	43	33	67	51	104	79	99	95	381	40
Hawkes Bay	815	554	68	593	73	490	60	685	84	581	85	1695	69
Hutt Valley	15	11	73	9	60	12	80	12	80	12	100	100	8
Lakes	210	154	73	121	58	150	71	78	37	74	95	174	72
Northland	242	208	86	147	61	167	69	153	63	146	95	359	6
Tairāwhiti	208	170	82	158	76	151	73	106	51	100	94	212	30
Taranaki	143	104	73	96	67	104	73	103	72	96	93	949	18
Waikato	950	807	85	577	61	674	71	555	58	527	95	3726	250
Waitemata	105	47	45	51	49	82	78	68	65	67	99	185	5
Other	19	15	79	12	63	15	79	13	68	10	77	69	11
Total	3175	2361	74	2059	65	2159	68	2128	67	1945	91	10019	688

1725/2128 people known to have spoken with others about safe sleep (81%) Mean: 5.8 others

The 2014 Pepi-pod programme report released by Change for our children has acknowledged and appreciated the efforts of safe sleep champions and all other maternity care providers at BOPDHB for achieving an average diffusion of awareness rate of 9.1 others per person followed compared to 5.0 for the all the DHB group as whole.

Pepi-Pod Programme co-ordinator in role has been expanded to cover for both Facilities in Bay of Plenty DHB. New Pepi-Pod distributors have been trained in Whakatane to focus on distribution of Pepi-Pods to identified SUDI vulnerable babies prior to being discharged home from Ko Matariki. Many vulnerable babies were being discharged home without Pepi-Pod, this posed the problem of having to try and get a Pepi-Pod to these babies in the community, which at times was difficult due to the large geographical area in Eastern Bay of Plenty. Two Lead Maternity Carers have been trained as distributors and are able to distribute within the community if needed.

Training for Safe Sleep champion has been a priority for this year. Many training sessions were organised during the year where targeted organisations included Plunket, Tamariki Ora Providers, Womens refuge, Iwi health providers and Kaupapa antenatal class providers. This training of Safe Sleep Champions hopes to provide a continuation of the same messages around safe infant sleep, Smokefree and SUDI prevention right through the from pregnancy and beyond.

Education around “Safe Hands” and “Sober Caregiver” continues to be taught to midwives, maternity workers and community agencies. The Safe Hands Programme is to ensure that baby is in the safe hands of a responsible and sober caregiver at times where there is alcohol or partying or when a baby-sitter is needed, these “safe hands” need to be able to provide the necessities for baby to ensure safe infant sleep and protection from SUDI.

PROJECT BABY NEST

All mothers want to have their babies close and be able to tend to them in a timely manner. This in turn enhances maternal/infant bonding and breastfeeding.

As a standard practice, all babies in the maternity unit sleep in a bassinette alongside their mothers. The infants needs often necessitate long periods in the maternal bed as the baby is fed and comforted. This tends not to be an issue with mothers who had a normal birth and are mobile. However, with postsurgical patients, this may lead to unsafe practices of bed sharing and falls risk due to the mothers immobility and altered alert state from narcotic pain relief medications.

It was discussed that there is a need to achieve a better option for post-surgical mothers and their infants by providing a safe sleep space that meets the needs of the mother and infant, plus meets the needs of the BFHI requirements, Safe Sleep Policy requirements and Reduction of Falls Risk Policy. Also there is a need to provide a more satisfying experience for the mother/infant after surgical birth by reducing barriers to feeding, nurturing and bonding.

The idea of the ‘Baby Nest’ came about as an ‘offshoot’ of the Pepi Pod. The Pepi-Pod safe sleep space Programme has been a huge success for families of babies with an increased vulnerability to Sudden Unexplained Death in Infancy (S.U.D.I). The pepi-pod allows baby to sleep in its own space but the baby is also able to be kept close for feeding, settling and peace of mind that all is well and the risk of S.U.D.I is reduced. The idea of the "Baby Nest" meets the same needs within a hospital post-surgical environment.

This will eliminate unsafe bed sharing within the maternity setting; keep mothers and baby close to enhance bonding and will help in establishing breastfeeding. It will empower mother’s to care and tend to her baby during the time she is

immobile, without having to wait until staff are available to transport the baby to or from the bassinette.

Eliminate Unsafe Bed Sharing

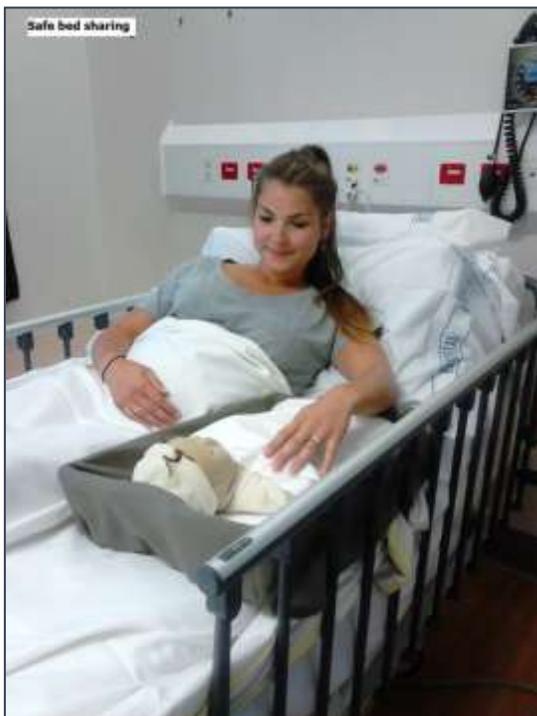
Enhance bonding between baby and mother

Establish breastfeeding

Empowering mother to care for her baby (during limited mobility)

A new sleeping vessel (Baby Nest) for new born infants which fits alongside the mother in a hospital bed. The baby will be placed in the 'nest' with his head in view of the mother and his feet nearest her body. The 'Nest' will allow close maternal/infant proximity for feeding, bonding and settling, while at the same time meeting the requirements of safe sleeping, Baby Friendly Hospital Initiative (BFHI) requirements and reducing falls risk. Mother is able to lift her baby up independently without straining wound and breastfeed unassisted if necessary.

This Project is being trialed in Tauranga maternity unit and regional District Health Boards are waiting for trial results before it can be implemented in other DHBs.



FAMILY VIOLENCE

“Gender-based violence and all forms of sexual harassment and exploitation including those resulting from cultural prejudices are incompatible with the dignity and worth of the human person and must be eliminated (World Conference on Human Rights, Vienna, 1993).”

Violence against women is a risk factor that leads to undesirable outcome for both women and her baby. There is a need to identify these women and offer support where possible. This priority has led to the following initiatives in Maternity;

- Screening Audit in Whakatane has revealed that 69% of women were screened in February 2015.
- BOPDHB invited National Shaken Baby Coordinator and organised two training sessions for employed and self-employed midwives.
- Maternity have submitted 36 Reports of Concern (RoC) in the last financial year
- Two hour mandatory family violence training for new born hearing and screening staff
- Two hour training session for new Lead maternity Carers
- In-service training offered at Tauranga site in both October 2014 and February 2015.
- Bay of Plenty DHB is working towards developing shaken baby policy

Section 3

MQSP GOVERNANCE AND OPERATIONS

Governance Structure

The Bay of Plenty DHB maternity quality and safety programme is governed by a multidisciplinary team. The Governance Group includes professional, consumer, administration and management representations along with representatives for the population to ensure that the cultural needs are met and are safe and appropriate.

The Table below shows the structure of the Governance Group:

Lead Maternity Carers	2 (One from each site)
Clinical Midwife Manager	2 (One from each site)
Midwifery Leader	1
Project Manager MQSP	1
Midwifery Educator	1
Consumer Reps from Tauranga and Whakatane	2 (One from each site)
GP Liaison	2 (One from each site)
Iwi Reps	2
Quality and Patient Safety Representative	1
Obstetricians	2 (One from each site)
Paediatricians	1 (Tauranga)
Anaesthetist	1 (Tauranga)
Radiologist	1 (Community Radiologist)
Private Primary Birthing Centre Rep	1
TOTAL	20

ACCOUNTABILITY

The clinical leadership positions utilize the existing clinical governance structure that has been in existence and working effectively for a number of years. The Obstetrics and Gynaecology HOD and the Midwife Leader are supported in their roles by the Project Manager in the operations of this project.

Their work is endorsed and supported by the Medical Leader and the Business Leader for the WC&F Service. This structure reports through to both the Chief Operating Officer and Planning and Funding General Manager and then to the Chief Executive Officer, who will then report to the Bay of Plenty District Health Board.

Responsibilities & Operations

- Oversee the production of an annual report on maternity services and outcomes
- Oversee the implementation of maternity quality and safety activities
- Ensure consistency across the quality activities
- Support the implementation of recommendations from national bodies such as the Perinatal and Maternal Mortality Review Committee (PMMRC) and the National Maternity Group
- Contribute to discussions and decisions about maternity care at DHB level, including making recommendations to other decision makers
- Take decisions about quality improvement activities

The frequency of the Governance Group meetings have been increased to every two months unless indicated before for up to two hours each meeting to oversee and guide the implementation of the programme.

Consumer Representation on Governance Group

Bay of Plenty DHB recognizes consumer involvement as a key strategy for any Quality improvement process. To have consumer Representative on-board for the Governance Group, Bay of Plenty DHB has contacted the people that have made themselves available through the Maternity Quality and Safety workshops, with the Maori Health Services and consumers via the NZ College of Midwives Midwifery Standards Review.

The aim was to have a right candidate who can advocate for the improvement of the maternity services to better meet the needs of people and their family/whanau including using personal experiences, or those of others to illustrate service gaps or opportunities for improvement. For this purpose, BOPDHB targeted “hard to reach population” as recommended by Ministry of Health who help us to design the Quality Improvement initiatives which addresses population specific issues like access to health services, Cultural issues etc.

Governance Group has two consumer Representatives for each end (Tauranga and Whakatane). Both the representatives are very proactive and have experienced maternity services recently in the region. Their valuable feedback on many occasions has enabled the group to look at the initiatives from consumer perspective and making appropriate changes.

Consumer Feedback on MQSP

As a part of Maternity Quality and Safety Programme, it was agreed by all to open new channels for consumer feedback which provides a basis for reviewing and upgrading existing systems and practice. Within the maternity webpage, consumers now have the opportunity to leave a feedback of the services. Numbers of responses received are increasing evidencing that this is a preferred channel of communication. The WCF will continue to engage with its community and be responsive to feedback.

Feedback from Consumer representatives has helped the governance group in designing various media campaigns. For ASAP campaign, aimed at increasing timely registration with midwife, consumers sought feedback from wider community through parenting classes and coffee groups to identify the barriers to timely registration with Lead maternity carer. This helped the communication team to design a campaign targeting those specific barriers and vulnerable population

With the feedback from consumers, Bay of Plenty DHB has reviewed its current resources like breastfeeding, safe sleep etc. New resources have been developed and some digital resources like breastfeeding app are in the final stages of development. To make resources more user friendly, they are being developed with the consumer involvement.

Community Practitioner Representation

Significant proportion of maternity care in the region is provided by primary care providers, so it is important to have community practitioner's perspective while framing Quality Improvement activities. BOPDHB has increased number of community practitioner representation roles from two to six positions - GP Liaison and LMC Liaison (x2 - one from each site), community radiologist and chief executive officer from primary birthing centre who helps us to identify issues and challenges from the community practitioner's perspective.

Community Practitioners Feedback

Community practitioners have contributed valuable feedback to the Governance group on various issues. In addition to this, some new issues has been put forth by the Representatives on the group.

Lead Maternity Carers

- More informative Caesarean section reviews. Should try to review all cases and not just emergency Caesarean cases.
- Policies and procedures should be reviewed to be more supportive of vaginal birth
- More information for women about the increase in risk of c/section for induction of labour
- Communication between Obstetrician and women should be more positive about normal vaginal birth.
- More channels of communication between midwives for second opinion to avoid consultation when not needed

GP Representatives

During discussions around improving access to lead maternity carers and section 88 requirements for non-LMC claims by GPs, it was agreed to organise workshop with GPs in the region with the help of PHOs. Positive feedback has been received as some GPs offering maternity care were not very well aware of the service specifications as per the section 88 of the maternity services. Governance group is in discussion with Eastern and Western PHO's to make this a regular workshop every six months.

Maori Representation on MQSP

BOPDHB strongly believes that we all have a role to play in reducing inequalities in health in New Zealand, regardless of how we measure health. We acknowledge that Maori population are consistently disadvantaged in health and eventually these disparities affect us all. Some of the areas where figures show significant variation are:

- Timing of Registration with Midwife
- Pregnancy complications;
- Conditions around the time of birth;
- Maternal Mental health.
- Smoking in pregnancy

BOPDHB maternity Quality and Safety Governance group has Iwi affiliated members to assist with these issues. Considering the Maori population in the Bay of Plenty Region (One Quarter) and the significant gap in some indicators, as set

out in the work plan, group decided to use the Health Equity Assessment Tool to assess the impact of initiative on health equity.

Maori health representative on the group has provided valuable feedback about spreading messages around importance of early booking with midwife.

Section 4

QUALITY IMPROVEMENT

Roles Established in Support of MQSP

The Clinical Governance Structure that is in place in the Bay of Plenty District Health Board Provider Arm lends itself to provide the governance and leadership to the maternity providers and services.

As stated in the 2013/14 report, to set up, administer and manage the systems and infrastructure for the Quality and Safety programme; WC&F initially appointed 0.8 FTE experienced Programme Manager funded by this programme. The programme manager also assists with the data analysis (including Clinical indicators) in addition to the production of MQSPF Annual maternity Report. However, due to increased workload WCF decided to make it full 1 FTE.

The WC&F Service also has a Quality and Risk Coordinator for its service that assists with the Quality processes including customer concerns, formal and informal complaints, risk register management, review of cases, certification and audits.

0.6 FTE has been allocated for Smoke free Coordinator roles to the existing Pepi Pod /Safe Sleeping coordinator (One at each end). These roles promote and support DHB initiatives for smoke free pregnancy.

The current Midwifery Leader role already includes liaising with the lead maternity carer providers. There are regular forums in place for the LMCs to meet with the Midwifery Leader and the Clinical Midwife Managers to discuss and address issues, concerns, matters of interests and any changes within the facilities.

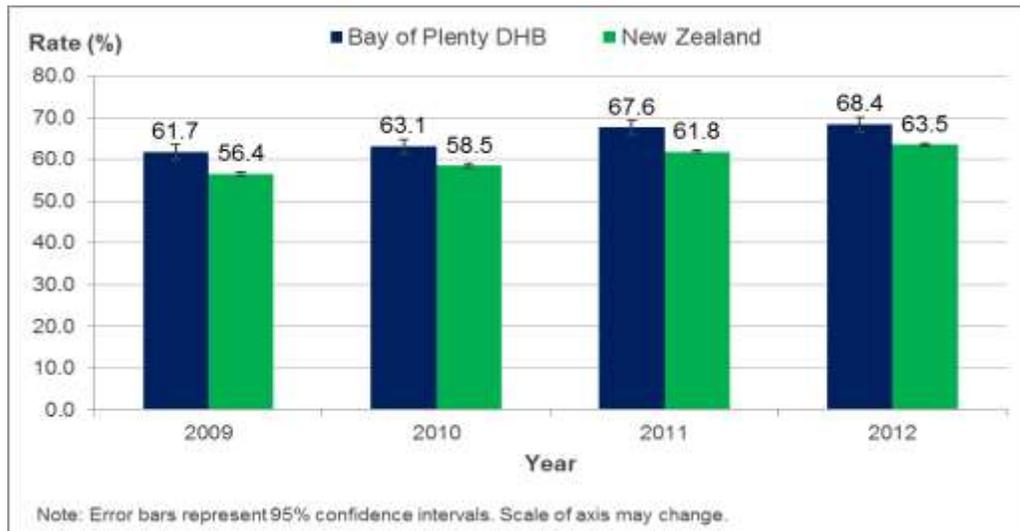
The Midwifery Leader has an established relationship with the LMCs and manages the Access Agreements and is available at all times to the LMCs.

NATIONAL CLINICAL INDICATORS

BOPDHB has analysed the Clinical indicators provided by MOH to drive Quality Improvement Initiatives. The aim was not just to identify the areas of improvement but to identify area of strengths as well so that strengths can be further strengthened. A Document “Maternity Clinical Indicators-Where We stand?” summarising the BOP DHB’s performance on these indicators with areas of improvement and strengths is being circulated to all maternity care providers in the region which will help them to set up priorities as per local needs.

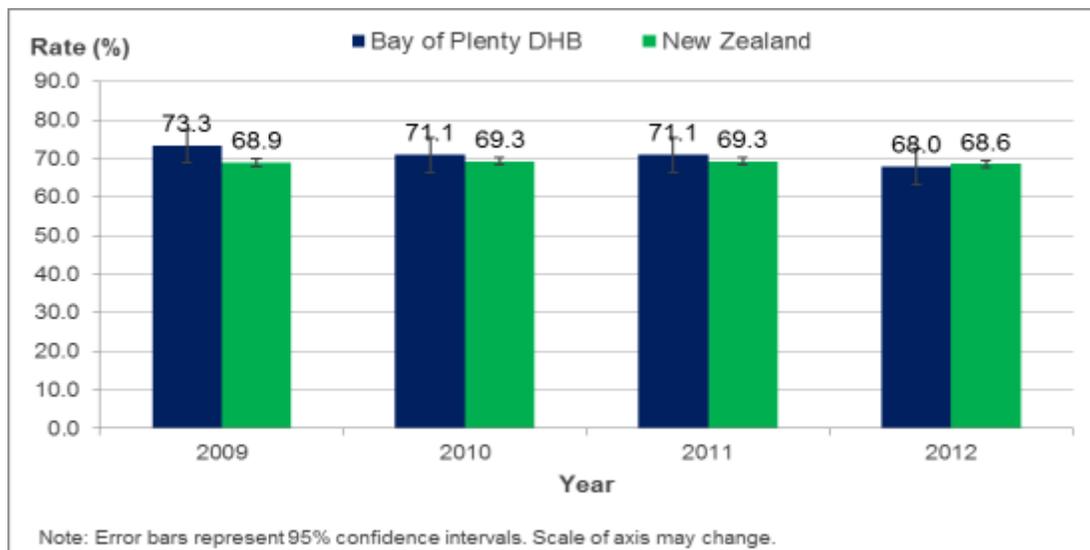
Registration with Lead Maternity Carer

This has been a priority work area for Bay of Plenty DHB. Since 2009 there has been increase in the proportion of women registering with LMC within first trimester. BOP DHB is one of DHB in the country with the highest number of women registration with LMC at any point of pregnancy.



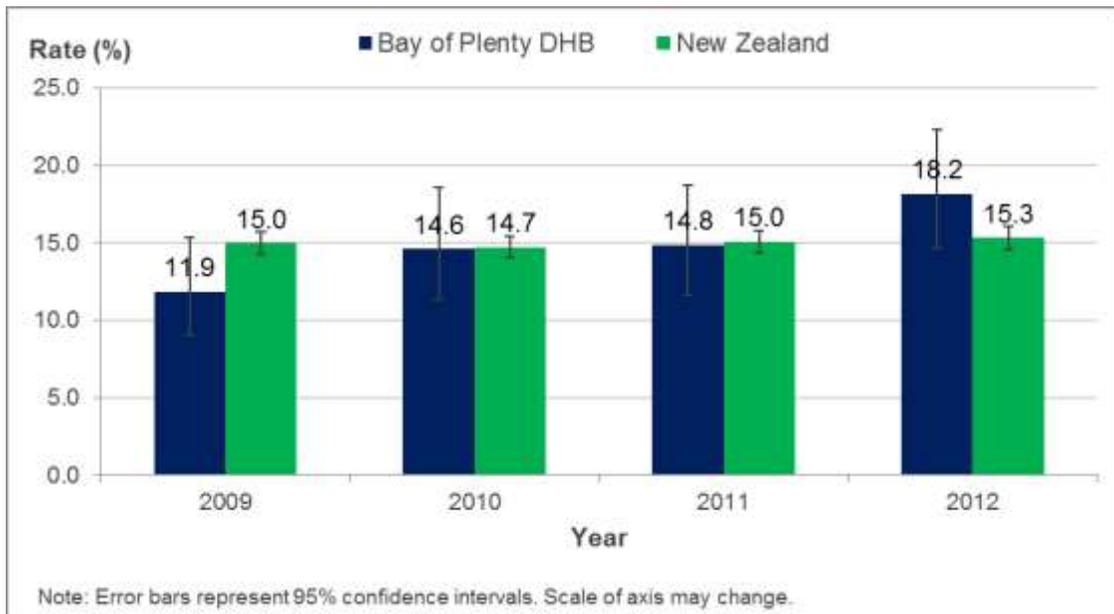
Spontaneous Vaginal Birth

This is one of the indicators Maternity Quality and Safety governance group is closely monitoring. Monthly reporting has been set up for this indicator. Since 2009 to 2011, Bay Of Plenty DHB data was above the national average, however we have noticed that it has dropped from 73.3 in 2009 to 68% in 2012. Increase in the number of Instrumental vaginal birth might be one reason for this downward trend in the spontaneous vaginal birth data.



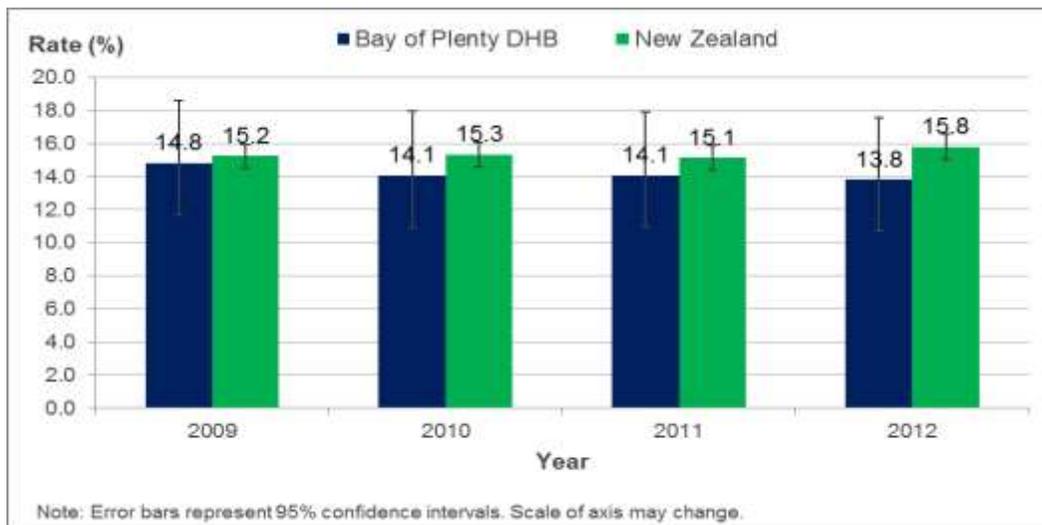
Instrumental Vagina Birth

This indicator represents the proportion of standard primiparae who gave birth vaginally assisted by the use of instruments like forceps or ventouse. We have noticed a rise in the number for the year 2012. This increased number of instrumental vaginal birth has resulted in the decreased number of spontaneous birth and reduced number of intact lower genital tract during vaginal birth.



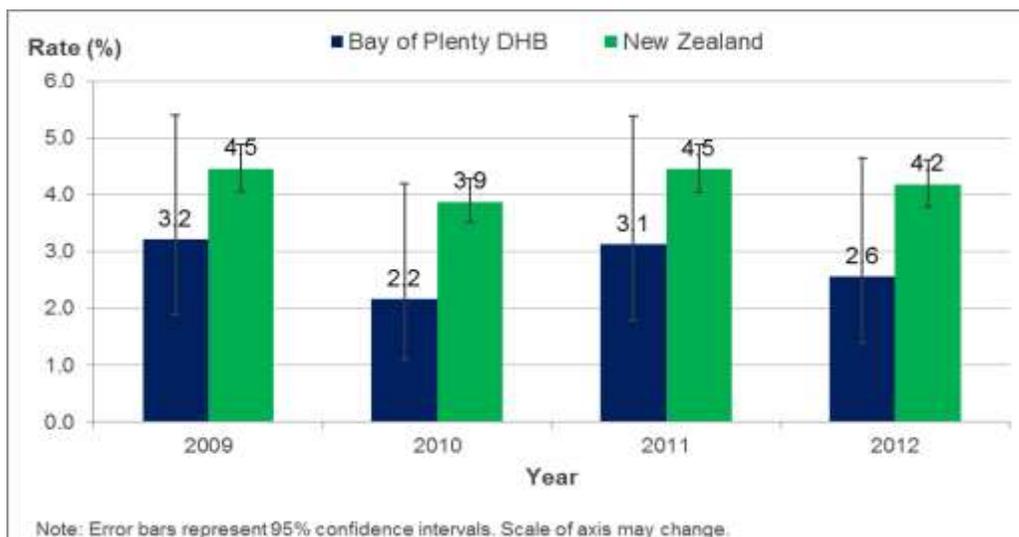
Caesarean Section Among Primiparae

Data looks favourable for Bay Of Plenty DHB for this clinical indicator when compared nationally. Caesarean section data has dropped from 14.8% in 2009 to 13.8% 2012 when national average increased from 15.2% in 2009 to 15.8% in 2012.



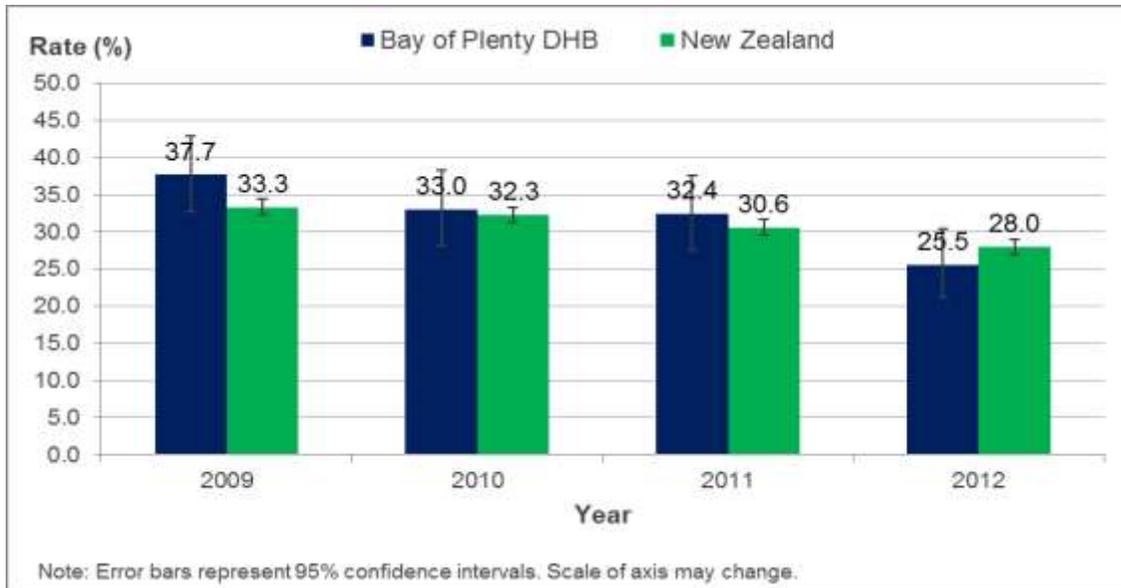
Induction of Labour Among Primiparae

This clinical indicator represents the proportion of standard primiparae who had their labour started with induction of labour. As evident from the graph below, Bay Of Plenty DHB data is well below the national average and doesn't need any further investigation at this stage.



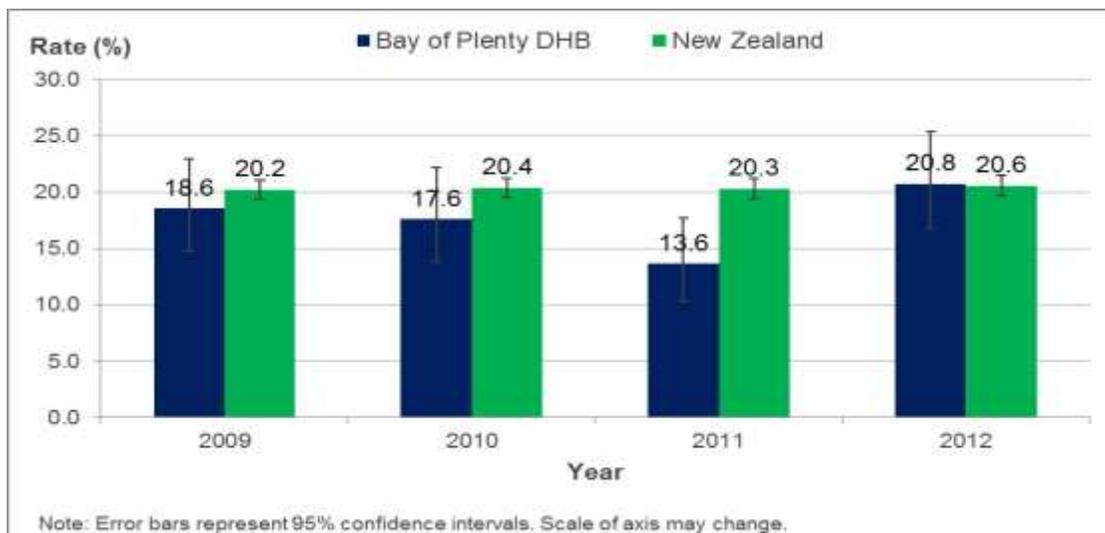
Intact Lower Genital Tract – Vaginal Birth

We have noticed a downward trend in the Bay Of Plenty DHB data and the national average for this indicator. Data has dropped from 37.7% in 2009 to 25.5% in 2012. National average has also dropped from 33.8% in 2009 to 28% in 2012. This could be a result of increased instrumental births in 2012.



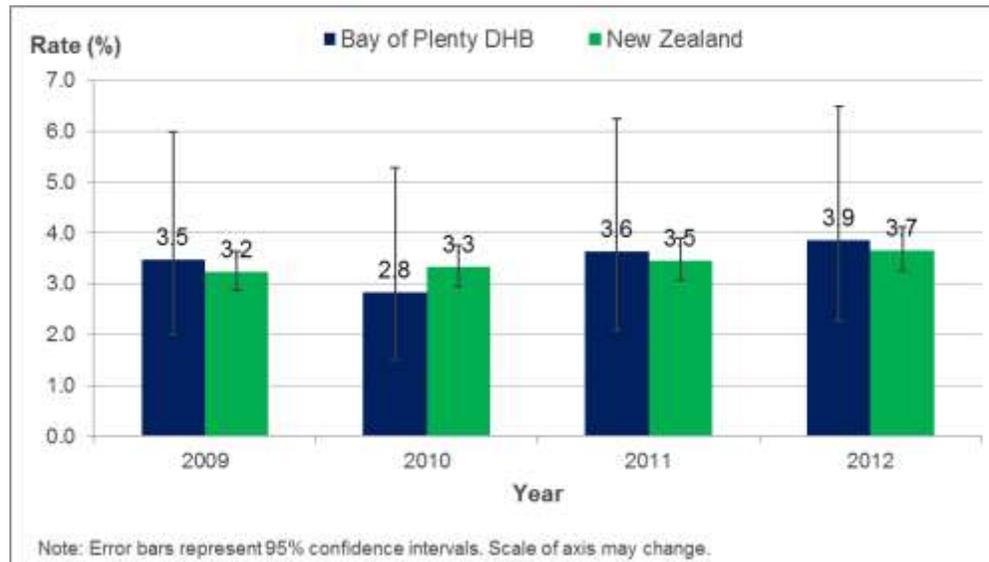
Episiotomy & No 3rd or 4th Degree Tear

Data for this indicator has always been well under the national average except for the year 2012 when numbers increased from 13.6 % in 2011 to 20% in 2012. However, there is no significant variation from the national average.



3rd or 4th Degree Tear & No Episiotomy

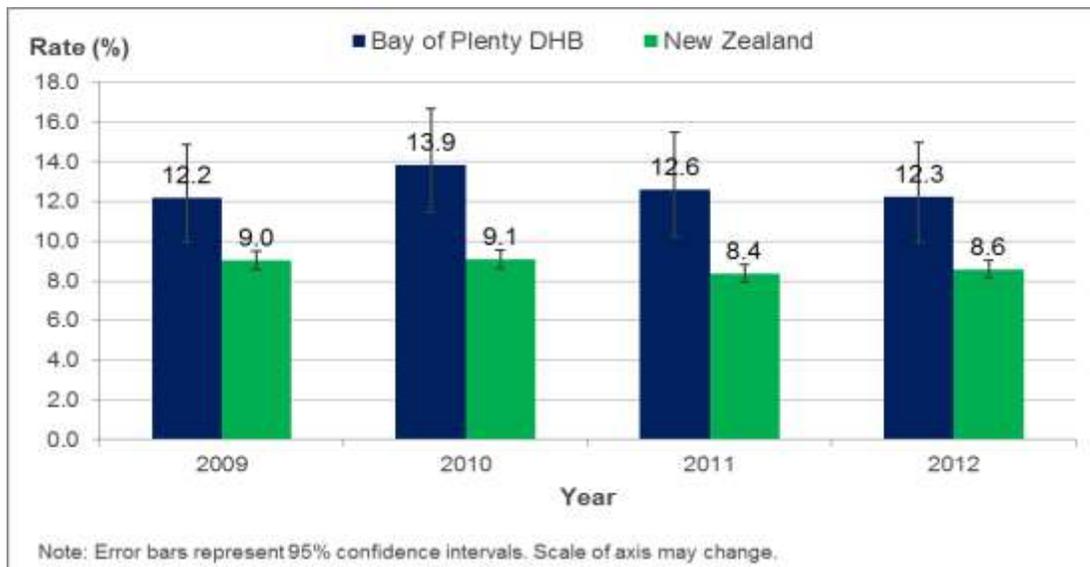
Data for this clinical indicator for Bay Of Plenty DHB has been fluctuating since 2009. For the year 2011 and 2012, proportion was slightly higher than the national average.



Caesarean Section under General Anaesthetic

This indicator shows the rate of General anaesthetic for Caesarean Section in all women undergoing Caesarean section. This is an identified issue for BOPDHB services especially in Whakatane facility. Meeting was organised to discuss this data with Obstetricians, Gynaecologists and Anaesthetists, following which decision was taken to investigate and audit the cases in Whakatane.

Following the results of the audit, it was agreed to make the changes in the caesarean booking platform to include the urgency code to facilitate future audits. IT teams were consulted for the feasibility for this change in the system. Obstetricians, Anaesthetists and admin staff are involved for this change.



CAESAREAN SECTION UNDER GENERAL ANAESTHETIC AUDIT

The purpose of the audit was to:

- To determine the true rates of GA
- Uncover common variables in patients who received GA for C-section
- Provide feedback and suggestions for improvement of GA rates

Sample Selection

- Emergency caesareans at Whakatane Hospital
- 2013-2015 financial year

Sample size

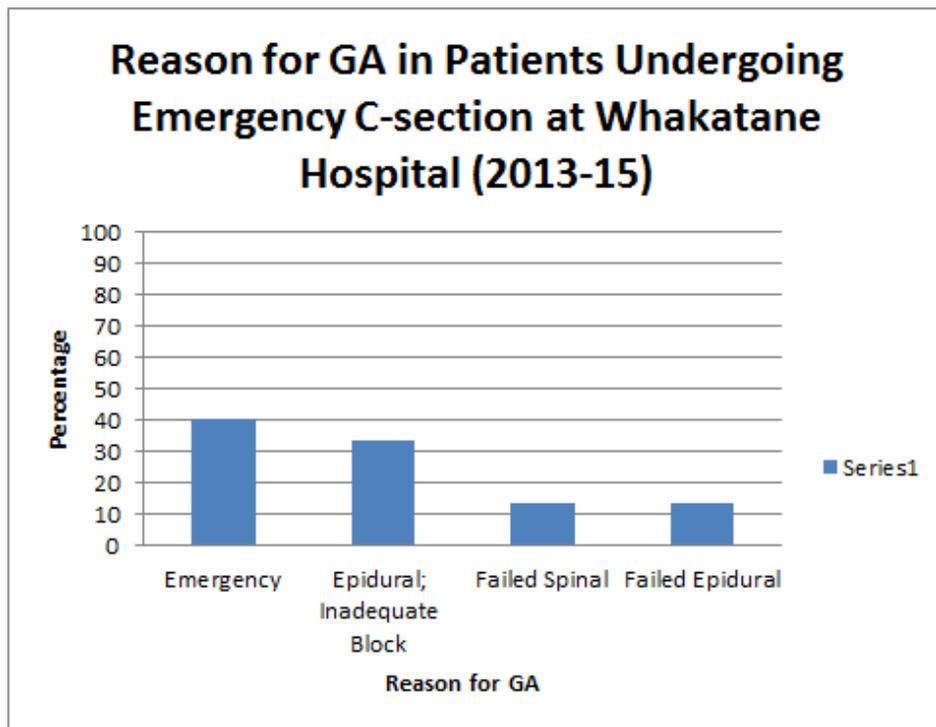
- 140 emergency caesareans

Variables examined

- Reason for caesarean
- Reason for General Anesthesia
- Patient demographics
- Time

Hospital	Emergency C-section under GA	Total emergency C-sections	Rate (%)
Whakatane	18	133	13.5
Tauranga	77	508	15.6

It was noted that rate is still above national average for all caesarean sections (Elective and Emergency) (8%) however rates are below 15% mark recommended by The Royal College of Anaesthesia



Number and percentage of women undergoing a caesarean section under general anaesthetic form March 2013 – March 2015

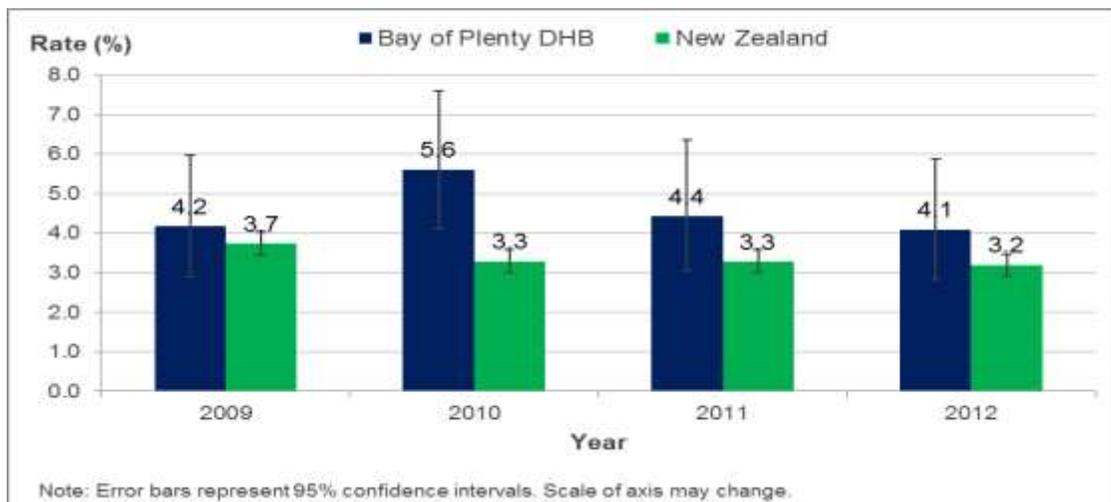
Possible Reasons for high GA rates:

This Audit has enabled us to identify the focus areas to improve on this clinical indicator.

Staff factors	Patient Factors	Environment	Procedure
<ul style="list-style-type: none">• Communication• Obstetric Experience• Midwifery Experience• Anaesthetic Experience	<ul style="list-style-type: none">• Socioeconomic status• Obesity• Health Literacy• Antenatal care• Delayed Presentation	<ul style="list-style-type: none">• Rural area/access to health• After hours• Theatre Availability	<ul style="list-style-type: none">• Sitting vs Right Lateral• Time pressure

Caesarean Section and Blood Transfusion

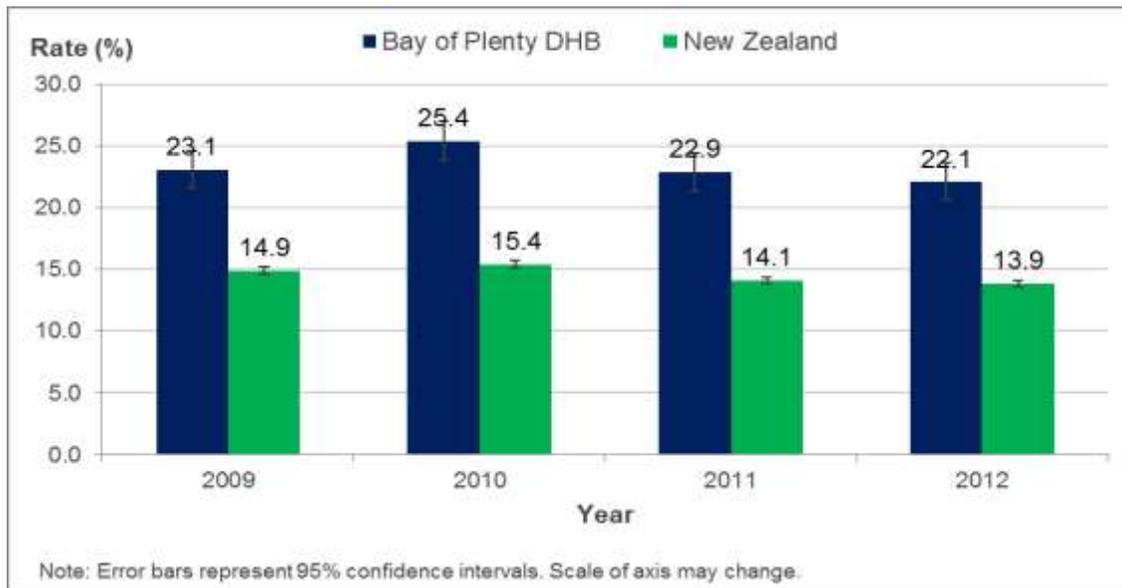
This is another area where significant variation has been identified when compared nationally. Since 2009 BOPDHB data has been well over the national average. This was discussed with obstetricians and gynaecologists, where it was decided to undertake similar audit for this indicator as well to understand the possible reasons and to review the implementation of Post-partum haemorrhage guidelines. Audit is underway and results are expected to be analysed soon.



Maternal Tobacco Use during Postnatal Period

This indicator shows the proportion of women who has identified as smoker during the postnatal period (2 weeks after period). This clinical indicator has been one of priority work stream for Bay Of Plenty DHB as significant amount of resources has been invested to reduce the rates of smoking in pregnancy. In the last year, smokefree coordinators have organised training workshops for midwives, established new partnerships and developed new resources.

These initiatives resulted in positive outcomes. BOP DHB statistics for the July-September 2014 quarter show that only 14.9% (total) and 13.8% (Maori) accepted the offer of cessation support from their LMC. In the second quarter from Oct-Dec 2014, these figures had increased to 32.5% (total) and 34% (Maori). This shows the value of the training workshops and the impact that this has on our community.



Maternal Mental Health

It is estimated that at any one time, 20% of the New Zealand population will have a mental illness or addiction, and 3% are severely affected by mental illness. Maternal mental health is no exception and we are working to support our communities with Whānau Ora initiatives. There is also a high prevalence of depression with the economic downturn and other pressures. The World Health Organisation (WHO) predicts that depression will be the second leading cause of disability by 2020.

Consistent with other populations nationally, Bay of Plenty region is witnessing more women and their families affected by perinatal and infant mental health disorders and addiction. Māori women generally experienced higher rates of mental illness and were therefore at increased risk of illness during the perinatal period. The specific needs of Māori younger child bearing women who have a history of mental illness has been identified as the area of concern.

Steps Taken So Far

Bay of Plenty DHB strongly believes that access and integrated healthcare model is the best approach to reduce maternal mental health issues. BOPDHB is working regionally on Perinatal and Infant Mental Health and Addiction Project. Various workshops were organised throughout the region for health care providers.

Following the stocktake of services last year, it was found that support services exist at all levels in the region. However, gaps have been identified in the referral process and the knowledge of providers to the healthcare service providers. This was discussed with the Governance group and it was agreed that there is a need to develop a resource for healthcare professional which lists all the service providers in the region.

BOPDHB is working with other regional partners to draw best model of care for perinatal and infant mental health services using *Healthy Beginnings guidelines*

(Ministry of Health, 2012) and stock take of services. And develop a pathway for the midwives to refer into the appropriate service for the woman and her baby.

Support Service Directory

To reduce the gaps between the maternity service providers and the support services available and to improve referral to these services, a new resource has been developed – Support Service Directory. This directly lists all the support services available in the region with their contact details, services offered and the referral process. Initially it was decided to include only maternal mental health services, however, it was later discussed that there are many other issues that need to be addressed that leads to maternal mental health issues. Listed support services to look at improving the wellbeing of the woman include but not limited to:

- Family Violence
- Addiction
- Work and Income
- Lactation
- Maternity
- Parenting
- Family Support
- Language Barrier
- Crisis

These resources will be available to all the maternity and support service providers as hard copy and on the Bay of Plenty DHB website. Contacts details will be confirmed every six months.

Multi-Disciplinary Review Processes

There are several Quality and Clinical effectiveness meetings occurring throughout WC&F. Current practice in the Bay of Plenty DHB is an open invitation for all maternity providers to attend any of the meetings, as per Section 88 Maternity Services of the New Zealand Public Health and Disability Act 2000.

Both facilities; Tauranga and Whakatane are holding Perinatal Mortality Meetings every three months. Cases are presented without identifying the clinical people or the women, the meetings are open to and attended by Midwives, Obstetricians, Paediatricians and invited guests where appropriate eg radiology, laboratory. Any recommendations that come out of these meetings for future pregnancies will then be documented in the woman's notes; any practice changes will then be considered and implemented following consultation.

Audits are regularly carried out in the facilities relating to clinical practice and the findings/ outcomes along with current research on best practice are then presented to the Maternity Providers. The House officers are expected to undertake an audit of a clinical practice of choice during their period of time in the Maternity Service.

LSCS reviews are done monthly in Whakatane only. These meetings collect data, look at what changes could be made and the processes around the implementation of the recommendations. Findings relating to suggestion for the next pregnancy are filed into the woman's notes.

Joint MDT training projects like PROMPT (Practical Obstetric Multi Professional Training) between Tauranga and Whakatane. This involves Obstetricians, Paediatricians, Anaesthetists, midwives and nurses.

Other reviews and Training/teaching projects includes NLS (New born life support), NZRC (New Zealand Resuscitation Council) Meetings and STABLE (Post resuscitation stabilisation of the neonate prior to transfer)

Education based on best practice is provided and extended to all maternity providers by the Midwifery Educator and other senior midwives that have an area of interest.

In addition to these strengths, BOPDHB through its Quality and Safety Programme has undertaken some key actions that were set out in the last Maternity Quality and Safety Programme Strategy Report.

LSCS reviews have been introduced in Tauranga facility (already in place in Whakatane) twice a month to review the Caesarean cases with an aim to evaluate whether Caesarean sections were performed on the right women at the right place and at the right time and any learning outcomes are identified and documented with further teaching organized.

Considering the significant variation in the indicators across the facilities in BOPDHB and the MOH recommendation to extend the focus from serious and sentinel events to less serious events, both facilities are holding interesting case reviews which is video linked. Specific cases are preferred which has shown variation during analysis of clinical indicators (3rd & 4th degree tears, Instrumental vaginal birth). It is a great opportunity for both facilities to understand the population needs of each other and to learn from them which facilitates the consistency of the data across the DHB.

Communication Networks to Support MQSP

Bay of Plenty DHB is currently using the existing email networking to communicate with MQSP Governance Group, External Stakeholders and Consumer Groups.

As documented in BOP DHB's last Annual report, Bay Navigator which is BOP DHB's shared communication platform between hospital and non-hospital staff is being widely used. Moodle learning is a shared educational platform for regional DHBs.

New Communication Network has been established using existing technology across the two facilities. Midwifery case reviews and the Perinatal Mortality Meetings are now being done across sites using Video conference tool which gives an opportunity to share information and experience to support evidence based best practice and to achieve consistency in the maternity outcomes at the DHB level.

Clinical Practice Changes Driven by MQSP

Patient Notes Recording

Patient notes recording has been reviewed and restructured so that less serious or unexpected events are highlighted and can be easily identified for further multidisciplinary discussions.

K2 CTG Training

K2 is a broad and deep foetal monitoring training which covers CTG interpretation and maternity crisis management. K2 Foetal Monitoring Training System, the Perinatal Training Programme is an interactive computer based training system covering a comprehensive spectrum of learning that can be accessed over the internet, anywhere, anytime, from within hospital or from home. It is a cost effective option compared to the high cost and inconvenience associated with traditional 'lecture based' training courses.

This Training is available free for all maternity medical staff, employed and self-employed midwives. It is mandatory for all employed midwives and SHO's to undergo this training.

PROMPT (PRactical Obstetric MultiProfessional Training)

PROMPT is an evidence based multi-professional training package for obstetric emergencies. It is associated with direct improvements in perinatal outcome, clinical skills and team working.

These Multidisciplinary Joint training programmes across facilities are provided free of any cost and all maternity providers are encouraged to attend. In Bay of Plenty District Health board we have designed PROMPT as a joint training programme across the site with the aim to make a better learning experience for all.

Personalised Growth Charts

It was found that the use of standard growth charts (GROW charts) is limited for clinical assessment considering the heterogeneous maternity population in the region. These findings were reviewed in the multidisciplinary reviews and all the

midwives were encouraged to use the customised growth charts. It is easily accessible for all the employed midwives through the DHB computer.

Effective Communication (SBARR)

BOP DHB recognises prompt and appropriate communication as an important key to reduce error in patient care. BOP DHB has adopted internationally recognised “SBARR” technique that provides a framework to structure communication in a constant and reliable way. It promotes patient safety because it helps practitioners communicate with each other with a shared set of expectations.

Neonatal Life Support Training

This evidence and case based full day training makes the staff competent in the evaluation and management of a new-born at birth. Learning is facilitated by extensive hands-on practice, with each candidate getting several opportunities to participate in simulated clinical scenarios, guided by positive and constructive feedback. BOP DHB actively encourages all the maternity and paediatric staff to undergo this training. To encourage more participation, this training is available free of any cost for all the maternity and paediatric staff including LMC. It is a mandatory training for the staff midwives.

Maternal Obstetric Early Warning Chart (Modified Early Warning Scorer)

To prevent delay in the specialist intervention and transfer of critically ill patient, MOEW scoring system has been introduced in the Women, child and Family BOPDHB. It is used as the track-trigger system where high score escalates the response from the medical team.

The systematic use of ‘MOEWS’ (Maternal Obstetric Early Warning Scores) and their trigger responses for pregnant women helps identify women in whom more detailed observations and examinations are required. Once the problem has been recognised the escalation of level of care proceeds according to the specific nature of the pathology involved and will usually include not only senior involvement but also the involvement of other specialists.

Remote IT Access

This service has been given free for all self-employed midwives to access their Lab tests, clinical information and results following a referral. The CHIP2 system was offered and full training was given to all the self-employed midwives to bring them onto an even platform around information as the General Practitioners.

This was done to ensure safety of the women and babies but also to improve communication between the DHB and the midwives.

Review Implementation of Referral Guidelines

This important component of the Maternity Quality and Safety Programme was brought into the focus since the early establishing stage of the programme. Through the implementation of the revised guidelines, it was aimed to enhance communication, collaboration and documentation between clinical providers. Revised referral guidelines were circulated to all the hospital and community based maternity care providers. Copy of the guidelines was uploaded to the Bay Navigator for an easy access. It was widely disseminated and discussed at all the appropriate levels. Copy of the referral maps were provided to the maternity units for reference. Also, chart depicting conditions and type of referral needed has been provided to maternity units for reference.

In recent Governance group meetings, it was agreed to audit the implementation of referral guidelines. Timing of referral, three way communication & collaboration with proper documentation were selected criteria for the audit. Audit tool was proposed to the group and finalised with some suggested changes. Initially, audit forms will be placed in the antenatal clinics and the maternity units. At this stage, we are in process of recording and collection of data.

With the implementation of these initiatives, areas of further improvement have been identified. In addition to maternity care providers, it is equally important to communicate revised guidelines to maternity consumers as well which gives confidence to women, their families/ whānau, and other practitioners if a primary care or specialist consultation or a transfer of clinical responsibility is required. Furthermore, there is a need to strengthen ties with other stakeholders involved in

transfer of care like ambulance services which will help us improve emergency transfers.

Bay of Plenty District Health board has worked with Midland DHB's to develop a regionally standardised robust Maternity Patient Transfer Plan for improved patient care. Feedback is being sought from maternity care provides. After feedback, appropriate amendments will be made to the policy before implementation across the region.

Referral Guidelines Audit

To review the implementation of Referral guidelines and to identify the gaps, an audit was planned for both Tauranga and Whakatane focusing on Specialist consultation (Antenatal clinic & Delivery suite) and Transfer of care (Delivery suite). Audit criterias were set from the revised referral guidelines which include:

SPECIALIST CONSULTATION:

3-Way communication between Women, LMC and Specialist
Relevant information provided to specialist
Clinical responsibility decision documented
Specialist decision communicated to LMC

TRANSFER OF CARE:

3-Way communication between Women, LMC and Specialist
Relevant information provided to specialist
Ongoing Role of LMC discussed
Care Transferred back to LMC when appropriate

This Audit has helped us to identify our strengths and areas of further improvement. Some areas where we need to focus are:

- Relevant Information provided to specialist during specialist consultation in antenatal clinic
- Improving documentation for clinical responsibility (7% non-compliance)

- Ongoing role of LMC discussed during transfer of care (not discussed in 31% cases)
- Care not transferred back to LMC which reflects documentation issue (not recorded in 19% cases)

These results were shared with hospital and primary care providers at various forums like perinatal meeting, LMC meetings. Letter explaining results were sent out to maternity care providers.

STRATEGIC PLAN DELIVERABLES

Section 5

Priority area	Planned local actions to deliver quality improvement	Expected outcomes	Measured by	Status
<p><u>LMC Registration</u> BOPDHB has witnessed slight increase in the number of women booking within first trimester. BOPDHB numbers are above the national average.</p>	<p>BOPDHB will be launching “ASAP” Campaign in April 2014. This is a long term campaign. Monitoring and reviewing the program is the next phase of this area</p>	<p>Improved access to care</p>	<p>Improve LMC registration within first trimester to 75% in BOP region</p>	<p>COMPLETED ASAP Campaign launched. Numbers increased from 68 to 71.5% in 2013 and as per provisional data available, in 2014, 74.5% of women registered within first trimester</p> <p></p>
<p>Strong working relation with both hospital and community practitioners</p>	<p>Workshop to be organised with GPs around the primary maternity service specifications.</p>	<p>Improved referral and care of women.</p>	<p>Improved referral and care of women.</p>	<p>COMPLETED Completed. Several workshops organised with community providers including GPs around improving referral and section 88 service specifications</p> <p></p>
<p>Establishing consumer involvement at all levels</p>	<p>Consumers are already in the Governance Group in addition to feedback through online form. Maternity consumer survey tool will be reviewed to gather better insight of the experience.</p>	<p>Decisions made inclusive of consumer view</p>	<p>Consumer feedback is used to shape maternity services, with support for consumer representation</p>	<p>COMPLETED Completed. New DHB wide survey is now being used to gather feedback. Resulted in better response rate</p> <p></p>

<p>Improve rates of New-born screening indicators</p>	<p>Education session will be planned for LMC's and Midwives. Initiatives will be taken regarding sample taking and dispatching accountability after discussions with LMC representatives on group. Letter will be sent out to all LMC's to share DHB rates and new proposed initiatives</p>	<p>Samples will be taken within recommended timeframe</p>	<p>Improved timely screening rates reflected in the next National screening unit report.</p>	<p style="text-align: center;">ONGOING</p> <p>Several Steps have been taken to improve the timing of sample taking. This has resulted in increase of samples taken within recommended timeframe from 54% in 2013 to 58% in 2014. We will continue to work in this area to further improve the statistics.</p> <p style="text-align: center;"></p>
<p>Implementation of Referral guidelines</p>	<p>BOPDHB will be auditing the implementation of referral guidelines. Timing, communication and documentation are the key areas of audit. 3 month audit starting from July.</p>	<p>Improved safety and quality of maternity care and women are referred by their LMC to the most appropriate level of care.</p>	<p>Audit results will be analysed and discussed further</p>	<p style="text-align: center;">COMPLETED</p> <p>BOPDHB has audited the implementation of Referral guidelines and identified gaps have been addressed. This will be set up as regular audit.</p> <p style="text-align: center;"></p>
<p>Develop and Implement Regionally standardised Robust Maternity Patient Transfer Plan for improved patient care</p>	<p>Regional maternity patient flow policy with sign off by COOs.</p> <p>Quality indicators for maternity transfers developed, standards for midwifery coordination developed</p>	<p>Expedient transfers to place of definitive care</p> <p>Improved communication between midwifery coordinators</p>	<p>Improved consistency of practices and systems through development of regional wide standards, procedures and processes</p> <p>Facilitating improved coordination and responsiveness of services</p>	<p style="text-align: center;">COMPLETED</p> <p>Complete. This new transfer plan is under trial with issues being resolved as identified</p> <p style="text-align: center;"></p>

Priority area	Planned local actions to deliver quality improvement	Expected outcomes	Measured by	Status
Post-Partum haemorrhage Guidelines Implementation	Auditing and reviewing the implementation. Audit is in process	To standardise the treatment of postpartum haemorrhage	Audit results will be analysed and discussed further	<p>COMPLETED</p> <p>Audit around third stage of labour and PPH management is complete. Results were shared locally and presented in the midwifery college meeting</p> <p> </p>
Improving breastfeeding rates through networking and sharing of resources	<p>BOPDHB is working closely with regional DHB's to develop IT applications to improve access to information for all parents, particularly Māori and disadvantaged mothers.</p> <p>Use of the regional website as a central repository for breastfeeding information which can be linked to from each of the DHBs</p>	Improved access to consistent breastfeeding information	<p>An improvement in accessible consistent breastfeeding information</p> <p>Progress towards a 5% increase of infants fully and exclusively breastfed, particularly amongst Māori, for babies at 6 weeks and 3 months.</p>	<p>COMPLETED</p> <p>New resources have been developed and Breastfeeding Application for smartphones and tablets is in the final stages of launch.</p> <p></p>
National clinical indicators	Governance group has already reviewed national maternity Clinical indicators available till 2011. Strengths and weaknesses have been identified. Areas of improvement will be brought into focus and relevant initiatives will be introduced.	Improved safety and quality of maternity care	Improvement in the national clinical indicator data.	<p>COMPLETED & ONGOING</p> <p>Indicators have been analysed and reviewed. Indicators with significant variation have been audited and possible reasons identified.</p> <p></p>

<p>Develop and Implement Workforce Intelligence - plan for a sustainable maternity workforce which a special focus on rural areas</p>	<p>Identify maternity service workforce across primary, secondary and tertiary sectors</p> <p>Identify current workforce shortages and areas where maternity services are vulnerable</p>	<p>Understanding of current state and future state needs to achieve sustainability</p>	<p>Accessible resources, information and web links</p>	<p style="text-align: center;">ONGOING</p> <p>BOPDHB is working regionally on workforce intelligence. A regional Workforce Advisor has recently been appointed. Stocktake of key maternity workforce issues and challenges has been reviewed.</p> <p style="text-align: center;"></p>
---	--	--	--	---

Maternity Quality & Safety Programme Annual Report

Bay of Plenty District Health Board

1 July 2014 – 30 June 2015



Healthy, Thriving Communities

