

Bay Of Plenty District Health Board Maternity Quality & Safety



Annual Report

1 July 2015 – 30 June 2016

TABLE OF CONTENTS

Message from the Chair

Acknowledgements

Abbreviations

Purpose of the Report

Our Vision, Mission & Values

Background

Our District Population

Our Birthing Population

Maternity Services Configuration

MQSP Governance & Operations

Quality Improvement

Lactation Services & Quality Improvement

Staff Education & Training Staff Education & Training

Multidisciplinary Review Processes

Maternity Clinical Indicators

Timely Registration with Lead Maternity Carer

Blood Transfusion with Caesarean Section

Caesarean Section under GA

Immunisation

Smoke free Pregnancies

Sudden Unexpected Death in Infancy

Project Baby Nest

Maternal Mental Health

Advanced Pain Relief Education

Project Healthy Pregnancies

Regional Maternity Transfer & Repatriation Standards

Breastfeeding Mobile Application

Maternity E-Newsletter

MQSP Annual Work Plan

Regional Annual Work Plan

MESSAGE FROM THE CHAIR

It has been a busy year for the Bay of Plenty Maternity Quality and Safety Programme (MQSP). The Governance group has now come together with a better focus on the purpose of what the programme is about and the challenges to improve the quality of care for the maternity services. As a group we have a clearer understanding of the expectations and the reasons for the existence of the programme.

As outlined in this report, the work plan has been the focus and we have made improvement and achieved some good results, however we also acknowledge there is still more work to be done.

The Governance Group has appreciated the feedback from consumers through our two consumer representatives and acknowledge the proactive and enthusiastic participation of both Mel Bedggood and Abigail Kolo'ofa'i. Not only did these two women support the MQSP they both managed to use the services and welcome a new member to their families. Congratulations to you both.

Everybody has busy lives and busy workloads, so the commitment from all the representatives on the Governance group is appreciated. Without their sharing the information with the areas they represent and then feeding back into the Governance Group we would not hear what they have to say.

It is the feedback that informs the work plan and decisions made by the Governance group. Apart from the Governance Group we have people in roles that on an everyday basis support the work that we do, but at the same time go that extra mile to provide an even better service to the women. They have also contributed to this report.

So as the Chair I would like to thank everyone for their contribution and look forward to the continued support to work together for the benefit of the women and families/whanau that we have the privilege of meeting at a very important stage of their lives.

**Margret Norris, Midwife Leader, Bay of Plenty DHB
Chair, Maternity Quality & Safety Governance Group**

ACKNOWLEDGEMENTS

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

REGIONAL
Margret Norris - Midwife Leader (Chair)
Sachit Gagneja – Programme Manager (MQSP)
Tracey Wood – Midwife Educator
Lois Austin – Quality and Patient Safety Coordinator (WC&F Service)
Tim Slow – Portfolio Manager (Planning & Funding)
TAURANGA
Matthias Seidel – Obstetrician
Esther Mackay – Clinical Midwife Manager
Lani Marama- Maori Health Development Team
Daryl Carrington - LMC Representative
Cara Kellett – LMC Representative
Nicky Campbell - Private Primary Birthing Centre Representative
Claire McNally – GP Representative
Mel Bedggood – Consumer Member
Heidi Omundsen – Anaesthetist Representative
Deborah McMurtrie – Community Radiologist Representative
Karina Craine – Paediatrician (WC&F Service)
WHAKATANE
Thabani Sibanda- Obstetrician
Maggie Sadlier – Clinical Midwife Manager
Abigail Kolo’ofa’i– Consumer Member
Joanne McKnight - GP Representative
Twink Drayton– LMC Representative

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.

ABBREVIATIONS

ANZNN	Australia and New Zealand Neonatal Network
BFHI	Baby Friendly Hospital Initiative
BOPDHB	Bay of Plenty District Health Board
DHB	District Health Board
DIP	Diabetes in Pregnancy
GDM	Gestational Diabetes Mellitus
LMC	Lead Maternity Carer
MAT	National Maternity Collection
MMAG	Midland Maternity Action Group
MQSP	Maternity Quality and Safety Programme
MQSGG	Maternity Quality and Safety Governance Group
NSU	National Screening Unit
NMMG	National Maternity Monitoring Group
PMMRC	Perinatal and Maternal Mortality Review
SUDI	Sudden Unexpected Death in Infancy

PURPOSE OF THE REPORT

This Annual Report covers the implementation and outcomes of BOP DHB's Maternity Quality & Safety Programme in 2015/2016, 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 2016/2017

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.

CONTRIBUTION TO THE REPORT

Brian Pointon- Immunisation

Karen Palmer- Breastfeeding

Natasha Rawiri- Smokefree Pregnancies- Pepi Pods

Tracey Wood- Midwifery education.

OUR VISION, MISSION & VALUES

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

- 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

- 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

- 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

- 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.

BACKGROUND

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.

The Ministry of Health (the Ministry) provided funding and guidance to support DHBs to implement local MQSPs. Funding was provided until 30 June 2015, after which time DHBs were expected to operate their MQSPs as business as usual. In 2014/15, the Ministry contracted Allen + Clarke Policy and Regulatory Specialists to evaluate the impact of the local maternity quality and safety programmes. They found that the programmes had started to deliver meaningful improvements and there was significant value in continued Ministry of Health investment and support. Also they mentioned that the MQSP had played a critical role in determining how and how well DHBs have implemented local programmes. This includes the community context (e.g. geography, demographic profile and population health status), the DHB context (e.g. organisational, funding and workforce issues, maternity facility issues and recent maternity services issues), as well as the national and local leadership of the programme and the response of local maternity service providers.

Following the results of this evaluation, in mid-2015 the Ministry of Health confirmed ongoing funding for DHB maternity quality and safety programmes.

OUR DISTRICT 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.

Covering 9,666 square kilometres, our DHB serves a population of 221,000 and stretches from Waihi Beach in the North West to Whangaparaoa on the East Cape and inland to the Urewera, Kaimai and Mamaku ranges. These boundaries take in the major population centres of Tauranga, Katikati, Te Puke, Whakatane, Kawerau and Opotiki. Eighteen Iwi are located within the BOPDHB area.

For the total BOP population, 32.4% are under 25 (50.3% for Māori), compared with 33.8% for New Zealand as a whole (51.9% for Māori). A quarter of the Bay of Plenty DHB population identifies as having Māori ethnicity, almost all of whom have Māori descent. The Bay of Plenty Māori population is young compared to the non-Māori population, and is over-represented in socio-economically deprived areas. Māori are less likely to live in main urban areas than non-Māori and are more likely to live in smaller urban areas or rural areas than non-Māori. The Māori population is projected to grow faster than the non-Māori population from 2006 to 2026, with the greatest percentage growth to occur in the 65 years and over age group.

BOPDHB has more people who live in the two most deprived NZDep categories compared with the national average (21% versus 18%). Deprivation increases toward the east of the DHB where Māori make up a greater proportion of the population. Over 60% of Māori in BOPDHB live in the three most deprived deciles.

KEY SOCIO-ECONOMIC INDICATORS INCLUDE:

- Approximately 51,500 people in the BOPDHB area live in New Zealand Deprivation (NZDep) 9 and 10 areas (most deprived) – about 46% of this population are Māori
- Approximately 48% of the total Māori population lives in NZDep 9 and 10 areas, while approximately 15% of all non-Māori are in NZDep 9 and 10 areas.

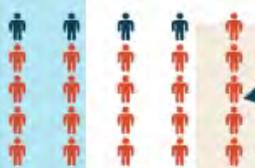
Overall, the BOPDHB population is over-represented in high deprivation score categories and under-represented in low deprivation categories compared to New Zealand as a whole.

Like the national population, our population is ageing, with the highest percentage projected increase from 2006 to 2026 occurring in the 65+ group. While our growth rate for the 65+ population is lower than New Zealand as a whole, because it is currently high, our proportion of older people will remain higher than for New Zealand as a whole by 2026 (BOPDHB: 23.9%, National: 19.1%).

OUR POPULATION

DATA & FACTS

About Large Land Mass & Diverse Population We Serve

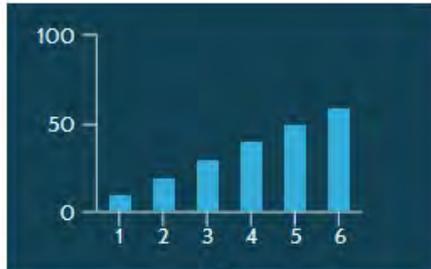


Population Size
Bay of Plenty District Health Board Serves a Population of 221,000



32.4% are under 25 (50.3% for Maori) compared to 33.8% for New Zealand as whole.

A Quarter of the BOP DHB population identify as having Maori ethnicity.



The Maori Population is projected to grow faster than the non-Maori population from 2006 to 2026

This is Where we are



BOPDHB has more people who live in the most deprived NZDep categories. 21% compared to 18% nationally.

Approx. 48% of the total Maori live in NZDep 9 & 10 areas. 46% of this population are Maori

Like the National Population, our population is ageing with the highest percentage projected increase from 2006 to 2026 in the 65+ growth.



Covering 9,666 square Kilometers from Waihi Beach in the North West to Whangaparaoa on the East Cape and inland to the Urewera, Kaimai and Mamaku ranges.

Healthy, thriving communities, Kia Momoho Te Hāpori ōranga.

OUR BIRTHING POPULATION

In the calendar year 2014, 2791 labours were recorded. Of the total women who birthed at BOP DHB, 52.8% were European, 37.8% identified themselves as Maori, 6.4% as Asian and 2.9% as Pacific. 54% of birthing women were from the two most common age groups – 25-29 years (27%) and 30-34 (27%). 6.5% of women were under 20 years of age. The rate of births to women aged less than 20 years of age has continued to decrease in Bay of Plenty DHB since 2009.

Characteristics of women living in Bay of Plenty and birthed in the year 2014 are listed below:

AGE (YEARS)	NUMBER	PERCENTAGE
<20	182	6.52 %
20-24	619	22.18 %
25-29	762	27.30 %
30-34	748	26.80 %
35-39	374	13.40 %
40+	106	3.80 %
ETHNICITY	NUMBER	PERCENTAGE
Māori	1055	37.80
Pacific	82	2.94
Asian (Incl. Indian)	179	6.41
European or Other	1475	52.85
DEPRIVATION QUINT.	NUMBER	PERCENTAGE
1 (Least)	114	4.08 %
2	262	9.38 %
3	627	22.46 %
4	801	28.69 %
5 (Most)	987	35.36 %

In Bay of Plenty, 64 % of all the women who birthed in 2014 are from a population living in highly deprived areas (Quintile 4 & 5).

Of the total birthing women residing in Bay of Plenty, 3.9% gave birth at the primary facility, 89.9% at the secondary facility, 1.4 % at the tertiary facility and 4.7% are reported to have a home birth. The majority of Bay of Plenty DHB women who birthed outside the DHB of residence birthed at the Waikato DHB. Due to clinical reasons, women can be referred to Tertiary facility for birthing.

PLACE OF BIRTH	NUMBER	PERCENTAGE
HOME BIRTH	131	4.7 %
PRIMARY	109	3.9 %
SECONDARY	2488	89.9 %
TERTIARY	39	1.4 %
UNKNOWN	24	<1 %

MATERNITY SERVICES CONFIGURATION

BOPDHB's aim is for maternity care to be planned around the needs of women and their whanau/families. Health professionals will work in a connected and coordinated way to ensure needs are met so that women and their whanau families have positive experience and confidence in our maternity system. The workforce in the BOPDHB is made up of doctors, midwives, nurses

Primary care in Bay of Plenty District is provided by the Lead Maternity Carers, which are mainly midwives with an 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. Whakatane and Tauranga both have level two Neonatal Services-Special Care Baby Units.

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. 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. The LMC is supported by the secondary service which consists of Obstetricians, Paediatricians, Midwives, Neonatal Nurses, and Lactation consultants. 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.

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 varying caseloads; however there is an opportunity for all women to have a Lead Maternity Carer.

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. Due to successful passes over the last three audits, Tauranga and Whakatane will now be reviewed every three years.



MQSP GOVERNANCE & OPERATIONS

The aim 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, their families/whanau and their babies, with a particular emphasis on integration of hospital and community services.

The establishment of the Maternity Quality & Safety Governance Group (MQSGG) provides a mechanism whereby clinicians and community representatives can provide advice to form the strategic direction of maternity services as it pertains to the health and wellbeing of women using maternity services across the Bay of Plenty District Health Board. The purpose of this Maternity Quality and Safety Governance Group (MQSGG) is to oversee, add coherence to and provide support to all Maternity Quality and Safety activities outlined in the Maternity Quality and Safety Programme Strategic Plan.

MATERNITY QUALITY & SAFETY GOVERNANCE GROUP PRINCIPLES

- Facilitate a culture of continuous improvement to service delivery that is consumer focused, based on evidence and best practice and adopts a multi-disciplinary team approach;
- Monitor performance of service delivery and develop evidence-based strategies directed towards delivering optimal service outcomes within budget and that reflect organisational strategic directions, values, standards, policies and operational plans;
- Foster a collaborative approach with all relevant stakeholders;
- Multi-disciplinary team accountability and responsibility for service Development;
- Decision making by identifying priorities and allocating resources as appropriate to maximise potential opportunities;
- Outcomes used to measure service delivery and performance are quantifiable and measurable and external benchmarking is actively sought;
- Improved organisational communication and transparency where responsibility for safety and continual improvement permeates all levels of the organisation, with clearly understood reporting and accountability;
- Initiatives for improving the safety and quality of service involve community and consumer input.

MATERNITY QUALITY & SAFETY GOVERNANCE GROUP RESPONSIBILITIES

- 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
- Listen to Consumer feedback and implement changes to address any issues that they have raised.
- Work inclusively with maternity providers and consumers to improve outcomes and service provision.
- Contribute to discussions and decisions about maternity care at DHB level, including making recommendations to other decision makers
- Take decisions about quality improvement activities
- Oversee the production of an annual report on maternity services and outcomes

MATERNITY Q&S GOVERNANCE GROUP OPERATIONS & ACCOUNTABILITY

MQSGG meets six times a year. Additional meetings can take place at the discretion of the Chairperson to address any pertinent quality or safety issues. Meetings are video linked across Tauranga and Whakatane. Generally, meeting runs for two hours unless the need arises to extend it further.

Midwife Leader has been nominated as the chairperson of the committee at the first Governance Group Meeting. This has been revisited and general consensus was to continue status quo. The MQSGG reports as required to the CEO as appropriate. The MQSGG provides input and sign-off of the annual maternity report as required by the MOH. Minutes are circulated to the COO/CEO and cluster leadership.

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 Programme Manager in the operations of this programme.

Their work is endorsed and supported by the Medical Leader and the Business Leader for the Women, Child and Family 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.

MATERNITY Q&S GOVERNANCE GROUP MEMBERSHIP

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. Each appointment is for a specified term of 1 year with the option of reappointment:

Midwife Leader
Iwi reps
Quality & Patient Safety Service
Obstetricians/ HOD
Paediatrician
Anaesthetist
Radiologist
GP Liaison
Consumer Members
Midwifery Educator
Staff Midwives
Lead Maternity Carers
Clinical Midwife Managers
Service Medical Leader
Project Manager - MQSP
Primary Birthing Centre
Well Child Providers - Plunket

CONSUMER REPRESENTATION ON GOVERNANCE GROUP

Bay of Plenty DHB recognizes consumer involvement as a key strategy for any Quality improvement process. In 2011, The BOPDHB introduced CARE – Compassion, Attitude, Responsiveness and Excellence as their Values and made a commitment to deliver patient and family centred care that puts the needs of patients and carers at its heart.

The vision for consumer engagement at BOPDHB is to be a health service that integrates consumer engagement into every part of the organisation so that consumers are active partners in how BOPDHB undertakes business and care provision. Engagement with consumers through their lived experiences helps us better understand the changes that need to be made to meet their needs. Bay of Plenty DHB MQSP Governance group has two consumer members, one each from Tauranga and Whakatane. They also represent on the Midland regional meetings. 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 / CONTRIBUTION IN QUALITY IMPROVEMENT

The consumer members have been instrumental in driving some key quality initiatives at BOPDHB through their valuable feedback and the consumer network.

- Feedback and contribution in the development of Breastfeeding App “BreastfedNZ” App.
- Feedback on the ASAP campaign and promoting the importance of timely booking with Lead maternity carer through their consumer network
- Advising on the importance of setting up advanced pain relief education sessions for pregnant women.
- Contribution towards the development of the Annual Report.
- Consumer representation on the midland regional meetings

The most difficult area of engagement that the MQSP group has found is with young Maori woman in the Bay of Plenty region. While there has been an improvement in the enrolment of these women we acknowledge we still have a long way to go. This is on the work plan as

we are endeavouring to have stronger links with the Iwi in the Bay of Plenty DHB region and this

can only be achieved through the Maori Health development team. Bay of Plenty DHB has 17 Iwi that need to be represented in this area. Relationships have started to be established with two of the health providers, one in Kawerau-Tuwharetoa Ki Kawerau Health, Education & Social Services and with Whakatohea Health Centre in Opotiki but this is just the first step.

Our consumer member has links in with the Teenage Pregnancy service but this is a Western Bay service and we now have midwives with clinics in the Tuwharetoa Ki centre. The Lactation service and the Smokefree Pregnancy/Pepi Pod coordinator also go out once a month to Kawerau and Opotiki and link in with the services in those areas.

QUALITY IMPROVEMENT

LACTATION SERVICES & QUALITY IMPROVEMNT

BOPDHB provides 2.5 FTE of lactation consultancy service across the 2 sites of Tauranga maternity and Whakatane maternity. Support is given to the women in the Opotiki area and the Opotiki maternity unit by the Whakatane lactation consultant in the form of shared DHB resources and processes.

The LC service encompasses:

- Clinical; inpatients and outpatients
- BFHI accreditation
- Education
- Service and quality improvement
- Promotion and advocacy

Links and communication have been established with the lactation consultant at the private Bethlehem Birthing Unit in Tauranga, especially in the form of shared breastfeeding education and learning opportunities.

INPATIENT SERVICES

The priority is seeing mothers and babies in the postnatal and SCBU units to 'troubleshoot' breastfeeding issues and give support with discharge planning. This in turn can help reduce length of stay.

Incorporated in the inpatients consultations are the need for:

- Workforce development
- Monitoring and maintain BFHI standards

About 10 – 20% of inpatient postnatal mothers access LC support. The service is endeavouring to see all breastfeeding mothers in SCBU.

The LC service sees mothers and babies admitted to non-maternity areas for ongoing breastfeeding advocacy and support. The most common areas are paediatrics and surgical (for lactational mastitis and abscess).

OUTPATIENT SERVICES

At present, the LC service provides an outpatient service to mothers and babies less than 6 weeks of age, alongside community midwife care. This is informally reported to be effective in reducing cessation of breastfeeding due to problems. A more formal review and evaluation of this service would be useful.

There is a gap in services for infants over 6 weeks of age. At present, mothers/whanau relies on primary care, volunteer support groups or paying for a private lactation consultant to access extra assessment and support. The LC service will see complex issues upon request, even though it is outside the scope of maternity services.

The 5 mechanical breast pumps purchased in 2010 for the community continue to be very useful for supporting breastfeeding in the community. There have been no issues with return or condition of the pumps.

Tauranga - Te Manu Toroa continues to provide a free facility to hold the breastfeeding clinics. This is appreciated and brings strengths to networking with other providers.

About 15 – 20 outpatients consultations take place each month. Using txt for appointment times and the address of the clinic significantly reduces DNA.

The use of virtual 'clinics' has increased, lessening the need for fact to face consultations.

BABY FRIENDLY HOSPITAL INITIATIVE (BFHI)

BOPDHB maintains a Breastfeeding Policy that promotes supports and protects breastfeeding across all aspects of DHB service. The fundamentals of this support lies with the Baby Friendly Hospital Initiative (BFHI) and its accreditation process. Auditing is undertaken by the New Zealand Breastfeeding Authority (NZBA). BOPDHB maternity facilities have current BFHI accreditation with renewal due in June 2017. The target of 75% or more of babies being exclusively breastfed on discharge from maternity units is met.

BOPDHB maintains a written work plan to ensure BFHI stays buoyant and avoids the 'peaks and troughs' that may occur around audit time and in-between. After 3 successful audits over the last decade, BOPDHB is now on a 4 yearly cycle of auditing.

A yearly self-assessment is undertaken June each year and submitted to NZBA. From there, gaps are identified and plans made to rectify those gaps. Regular meetings and monthly reports help identify risks and ensures strength of practise.

QUALITY IMPROVEMENT – CLINICAL PRACTICES

USE OF TECHNOLOGY

In keeping with the millennial birthing population, we are promoting the use of personal cell phones for learning how to breastfeed. By recording or photographing one to one teaching by staff, mothers/partners are able to 'self-teach' after discharge. Phones are also used for access to the breastfeeding app and other useful resources.

BreastFedNZ APP

The Midland Maternity Action Group Breastfeeding app, BreasFedNZ, is proving to be very useful and effective not only in the Midland area, but around the country. It was launched in August 2015 and 9 months later sits at 4600 downloads. It is anticipated downloads will reach 10,000 within the next 12 months.

Roll out of the app continues around the BOPDHB, aiming at not only clients but primary health care professionals to use as a point of reference. The BreastFedNZ app has been presented to several forums around the country; BFHI Coordinators meeting and New Zealand Lactation Consultants Association (NZLCA) conference. Feedback is positive by both consumers and health care professionals.

CLINICAL WORK PLAN

Late Pre Term infants (35 – 37 weeks gestation)

BOPDHB postnatal maternity facilities are challenged by the increasing numbers of late preterm infants admitted to the postnatal wards. This is particularly so for twin births. These infants provide challenges for low grade medical issues, plus infant feeding. This often necessitates a longer postnatal stay. However, keeping mothers and babies together supports breastfeeding more effectively and reduces admissions to SCBU.

DAY 3 ASSESSMENTS

BOPDHB maternity facilities have an effective tool of day 3 assessment to identify those babies at risk of a large neonatal weight loss. This issue has been highlighted with a recent Health and Disability report. Managing potential abnormal neonatal weight loss while at the same time supporting breastfeeding can provide challenges to staff and mothers alike. The day 3 assessment tool has been upgraded via the Midland Maternity Action Group (MAAG) breastfeeding subgroup.

COMMUNITY

Liaison is maintained with Toi Te Ora and the promotion of breastfeeding in the community, including the Breastfeeding Friendly Spaces project. Toi Te Ora take the lead for World Breastfeeding Week promotion each year, with the support of provider arm.

COMMUNICATION

- Regular newsletters to LMC's which will now be done via the MQSP newsletter
- Commencing contributions to the clinical newsletter from the provider arm to GP's. The focus will be on promoting the breastfeeding app and resources for medications and lactation.

FUTURE WORK

- A consumer review of the outpatient service will prove useful for shaping future direction.
- Develop pathways for lactational mastitis and abscess, between community and hospital
- Meet with antenatal education providers to ensure consumer knowledge of BFHI standards within maternity units
- Provide more resources for the over 5% threshold of Indian women giving birth

HEALTH LIVING TEAM

The LC service is contributing to the work of the Healthy Living Team under Health and Safety to promote a Breastfeeding in the Workplace Policy. This is ready for sign off and the next step is creating a breastfeeding room for staff on both campuses.

WORKING REGIONALLY – LACTATION CONSULTANTS SUB GROUP

The network of the five Midland DHB lactation consultants working together has proved very useful. We are able to share resources, protocols and service improvement ideas. Recent successes have been:

- Review of the BFHI accreditation standards in regard to Step 3
- TheBreastFedNZ app
- Shared posters and resources
- Shared education strategies
- Draft work on the donor milk protocol

EDUCATION

Maintaining education standards for staff is a large part of the BFHI standards. In addition, the DHB is a provider of breastfeeding education for Midwifery Council of New Zealand (MCNZ) to meet the needs of all midwives in the area.

Recent successes have been:

- A MMAG supported neonatal breastfeeding study day May 2015, with over 100 attendees
- MMAG supported workshops x 3 for the introduction of the Mama Aroha Talk Cards – this provided a need for approximately 120 people.
- Midwifery workshop with over 60 attendees, in conjunction with local NZCOM
- A new concept of peer, small group learning

STAFF EDUCATION & TRAINING

The BOPDHB employs one Midwife Educator at 0.7fte, who facilitates some of the mandatory midwifery education that is required by midwives to maintain an annual Midwifery Practising Certificate.

The Midwifery Council of New Zealand through its Recertification Programme stipulates that every midwife in New Zealand must attend an Emergency Skills Refresher every year and a Midwifery Practice day every three years. These education days are organised and delivered by the BOPDHB Midwife Educator in Tauranga and Whakatane. Currently approximately 160 midwives choose to access this education in this way. The education is offered to both DHB employed midwives and community midwives (Lead Maternity Carers). Most midwives who take up the education practice midwifery in the BOP area but not all. All midwives are welcome to attend.

All Midland Region DHB employed midwives (not just BOPDHB midwives) are offered the education free of charge. BOPDHB midwives are paid to attend the education as part of their FTE.

The study days must be approved by the Midwifery Council. This process is undertaken by the BOPDHB Midwife Educator in partnership with the other midwife educators in the Midland Region. There is considerable collaboration in the development of the study days, which once approved, continue essentially unchanged for three years (The time period of the Midwifery Council's rolling Recertification Programme). The current recertification period ends March 2017. The Midwifery Council is presently undertaking a comprehensive review of the Recertification Programme and several changes are expected.

Both the Midwifery Emergency Skills day and the Midwifery Practice day were designed using Constructivism as the theoretical model of learning. Below is a more detailed description of each of these days.

BOPDHB MIDWIFERY EMERGENCY SKILLS REFRESHER DAY

This is an eight hour long “face-to-face” practical study day undertaken in the well-equipped “Skills Labs” of the clinical Schools at both Tauranga and Whakatane Hospitals. These study days are based on real-life scenarios and “hands-on” practise of midwifery emergency skills using manikins, and simulation. The current skills covered during the day are adult, maternal, child, infant and neonatal resuscitation and life support skills, and the midwifery management of post-partum haemorrhage, cord prolapse, shoulder dystocia and unexpected breech presentation in the second stage of labour. The theoretical component of the day is delivered through the on-line platform “Moodle” at Midland learning. Midwives must complete the theoretical refresher on-line before they can attend the face-to-face study day. The neonatal life support component is taught by a NZ Resuscitation Council neonatal life support certified trainer.

THE CURRENT BOPDHB MIDWIFERY PRACTICE DAY

This is an eight hour study day that all midwives must attend once in every 3 year recertification cycle. The topics of the day change according to the requirements of the Midwifery Council. The current subject areas are covered are maternal mental health, prescribing opiates, the long latent phase of labour and abnormal labour. Decision making and critical thinking skills are overarching themes. This day was also developed through collaboration with the other midwife educators in the Midland Region.

The day is designed and facilitated to promote focussed personal professional reflection and peer interaction through individual and group tasks. The day features a variety of learning and reflection tools including role play, interactive games, video clips, guest speakers, case studies, a PowerPoint presentation and a “real-time” decision tree group activity. Peer-to-peer discourse is the main way content is covered. The Midwife Educator facilitates the day alongside another senior midwife with experience in education.

Five Emergency Skills days have already been undertaken in the BOPDHB this year, with a total of 60 midwives attending. There are another six planned for the rest of the year.

Two Midwifery Practice Days have been facilitated, with a total of 20 midwives attending. There are three more planned for the remaining year.

OTHER EDUCATION / TRAINING

The BOPDHB currently uses the K2 CTG On-line Training Programme for education and regular maintenance of skills for all employees who interpret fetal cardiotocographs. The Midwife Educator registers all new staff for the programme, and offers the programme to all community midwives (LMCs) at no cost.

REGIONAL COLLABORATION

BOP Midwife Educator is an active member of the Midland Region Midwifery Educators Group, a subgroup of MMAG.

Current partnership work includes:

- Development of regional guidelines (eg. bariatric guideline)
- Planning for a regional breech study day
- Bulk purchase and sharing of teaching resources (current equipment –doll & pelvis sets for breech study day)
- Development of Region-wide supporting documentation for the Midwifery Quality and Leadership Programme
- Developing and trialling an E-portfolio format specifically for midwives

MULTIDISCIPLINARY 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.

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

Other reviews and Training/teaching 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.

MATERNITY CLINICAL INDICATORS

BOPDHB MQSP Governance group reviewed recently published clinical indicators 2014 from Ministry of Health. The New Zealand Maternity Clinical Indicators report present comparative maternity interventions and outcomes data for pregnant women and their babies. Review of this report enables us to measure and compare the quality of care and services offered with other DHBs nationally.

Following section will describe in details about the actions taken/planned to address the clinical indicators for which data shows significant variation from the national data.

INDICATOR 1: REGISTRATION WITH LEAD MATERNITY CARER IN 1ST TRIMESTER OF PREGNANCY

The rate of women registering with LMC within first trimester of pregnancy continues to increase from 61.8% in 2009 to 72.3% in 2014. BOPDHB ranks in top five DHBs for this clinical indicator.

BOPDHB is working to enable timely registration and identify and address barriers to registration for women.

INDICATOR 2: STANDARD PRIMIPARAE WHO HAVE A SPONTANEOUS VAGINAL BIRTH

BOPDHB aims to support women to achieve spontaneous vaginal birth and minimize interventions where possible. In 2014, BOPDHB witnessed highest number of vaginal births since 2009. BOPDHB's rate of vaginal birth in 2014 stands at 75.5% compared to 68.9% national average.

INDICATOR 3: STANDARD PRIMIPARAE WHO UNDERGO AN INSTRUMENTAL VAGINAL BIRTH

In 2014, 10.6% of women underwent an instrumental vaginal birth against the national average of 15.6%. This is the lowest recorded since the release of first Clinical indicators report in 2009.

INDICATOR 4: STANDARD PRIMIPARAE WHO UNDERGO CAESAREAN SECTION

MQSP Governance group closely monitor this indicator using the local data to evaluate whether caesarean sections were performed on the right women at the right place and at the right time and to reduce the harm associated with potentially avoidable caesarean sections among low-risk women.

In 2014, BOPDHB recorded 12 % of Standard primiparae women who undergo caesarean section which is lower than the national average of 15.6%. This is also the lowest ever recorded since 2009.

INDICATOR 5: STANDARD PRIMIPARAE WHO UNDERGO INDUCTION OF LABOUR (IOL)

Induction of labour is associated with risk of fetal distress, uterine hyper-stimulation and postpartum haemorrhage, and can be the start of a cascade of further medical interventions (AIHW 2013).

In 2014, 3.7% of Standard primiparae were reported to undergo induction of labour; the third best rate in the country. Though the rates are lower than the national average of 5.6%, an increasing trend from 2012 warrant the need of further investigation.

INDICATOR 6: STANDARD PRIMIPARAE WITH AN INTACT LOWER GENITAL TRACT

In 2014, BOP DHB had a rate of 35 % which is higher than the national rate of 27.7%. BOP DHB has seen a fluctuating trend for this indicator since 2009 with 40.3% in 2009 to 29.2% in 2012 and 35% in 2014%. In all these years, rate has never been below the national average.

INDICATOR 7: STANDARD PRIMIPARAE UNDERGOING EPISIOTOMY AND NO 3RD-4TH-DEGREE PERINEAL TEAR

In 2014, BOPDHB rate of this clinical indicator was significantly lower than the national average (14.2 compared to 22.7%). Since 2009, the rate of this clinical indicator has always been under the national average.

INDICATOR 8: STANDARD PRIMIPARAE SUSTAINING A 3RD–4TH-DEGREE PERINEAL TEAR & NO EPISIOTOMY

BOPDHB had a rate of 4.5% which is the national average as well. The rate has dropped from 4.8% in 2013 when for the first time since 2009, BOP DHB rates were above the national average. BOP DHB will closely monitor this indicator using local DHB data.

INDICATOR 9: STANDARD PRIMIPARAE UNDERGOING EPISIOTOMY AND SUSTAINING A 3RD–4TH-DEGREE PERINEAL TEAR

The rates have dropped from 2.3 % in 2013 to 1.2% in 2014 which is under the national rate of 1.5%.

INDICATOR 10: GENERAL ANAESTHESIA FOR CAESAREAN SECTION

The rates of this clinical indicator continues to be higher than the national average, however, number have dropped from 13.9% in 2010 to 10.3% in 2014. Audits have been done to better understand the reasons for the high rates. Audit details and outcomes are discussed in the later section of the report.

INDICATOR 11: BLOOD TRANSFUSION AFTER CAESAREAN SECTION

Rates of this indicator continue to be higher than the national average of 3.2%. However, in 2014, recorded rate of this indicator was lowest since 2009. Work is ongoing which is discussed in the later part of this report.

INDICATOR 12: BLOOD TRANSFUSION AFTER VAGINAL BIRTH

The rates of women undergoing blood transfusion after vaginal birth continue to be under the national average. In 2014, rates were 1.8% against the national average of 2.1%. There has been a decline in the rates from 2 % in 2013 to 1.8% in 2014.

INDICATOR 13: DIAGNOSIS OF ECLAMPSIA AT BIRTH ADMISSION

Eclampsia is considered preventable through early detection and management of pre-eclampsia. As per the Clinical indicators data 2014, there were no reported cases in the year 2014. BOPDHB will continue to monitor this indicator and will ensure that women with Pre-eclampsia are appropriately diagnosed and managed so as to prevent eclampsia.

INDICATOR 14: WOMEN HAVING A PERIPARTUM HYSTERECTOMY

This is one of the newly added clinical indicator. Considering very small number of cases, it is not possible to analyze this indicator at this stage. BOP DHB will continue to monitor this indicator.

INDICATOR 15: WOMEN ADMITTED TO ICU AND REQUIRING VENTILATION DURING THE PREGNANCY OR POSTNATAL PERIOD

This is one of the newly added clinical indicators. As per the clinical indicators report 2014, there was no reported case. BOP DHB will continue monitor this indicator

INDICATOR 16: MATERNAL TOBACCO USE DURING POSTNATAL PERIOD

To reduce the rates of two weeks postnatal tobacco use is one of the priority work streams for MQSP governance group. Though the rates of women who smoke 2 weeks postnatal continues to decline since 2010, it is still higher than the national average. Rates have dropped from 25.4% in 2010 to 19.4% in 2014 which seems to be a result of various initiatives and projects undertaken. These are discussed in the later part of the report.

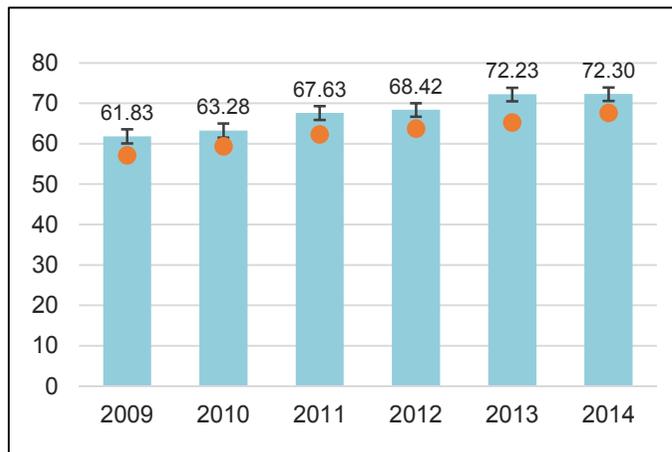
INDICATOR 17: WOMEN WITH BMI OVER 35

The rates for women with BMI over 35 is 8.2% which is lower than the national average of 8.8%. However, significant variation is noticed between Tauranga (7.6%) and Whakatane (12.5). Some actions have been planned which are noted in the MQSP Work plan 2016-17.

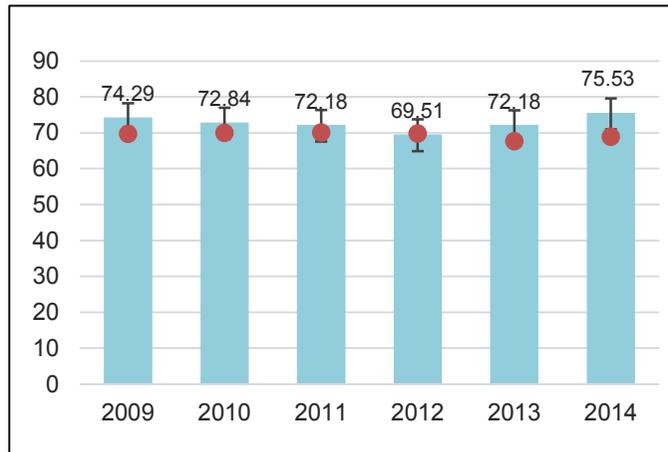
INDICATOR 18: PRETERM BIRTH

Preterm birth is a significant contributor to perinatal mortality and neonatal morbidity, especially for babies born under 32 weeks' gestation. Preterm birth is among the top causes of death in infants worldwide (WHO 2013).

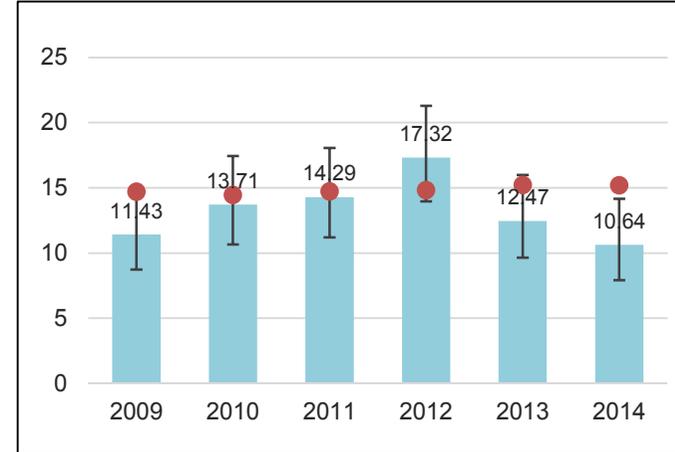
This indicator is an area of focus for further improvement for BOP DHB MQSP Governance group. Though the rates of Preterm births in BOP DHB continues to be under the national average of 7.4% but it is closely monitored by the group.



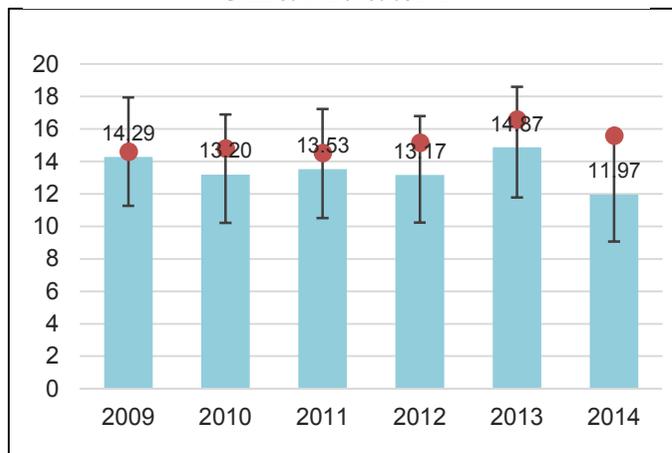
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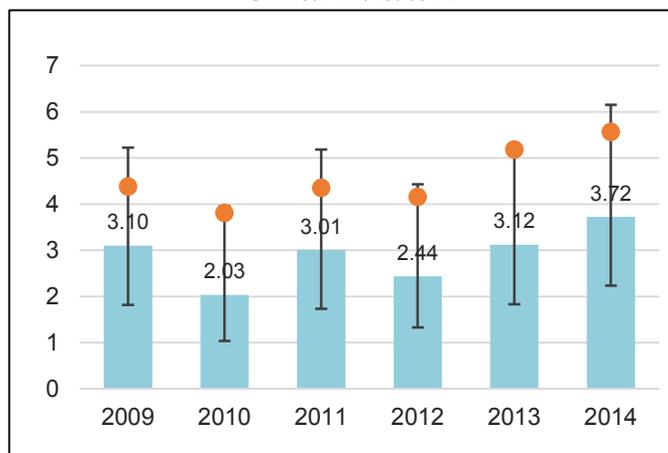
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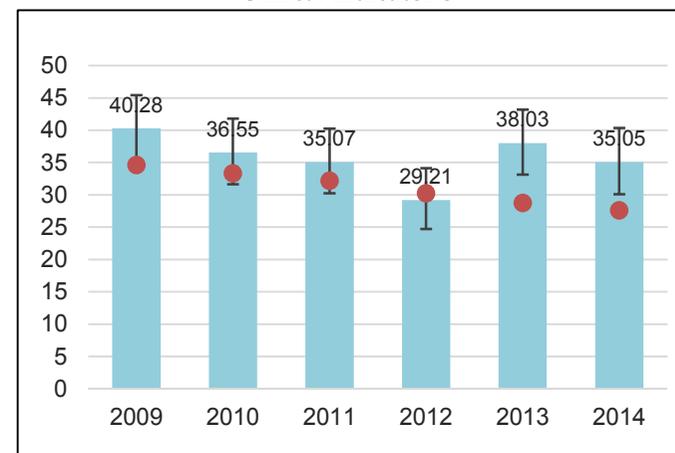
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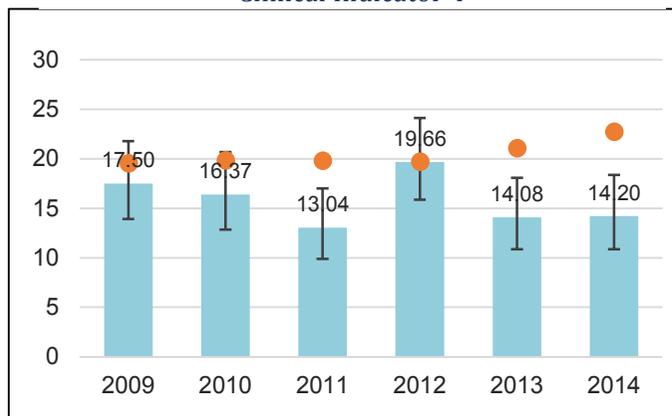
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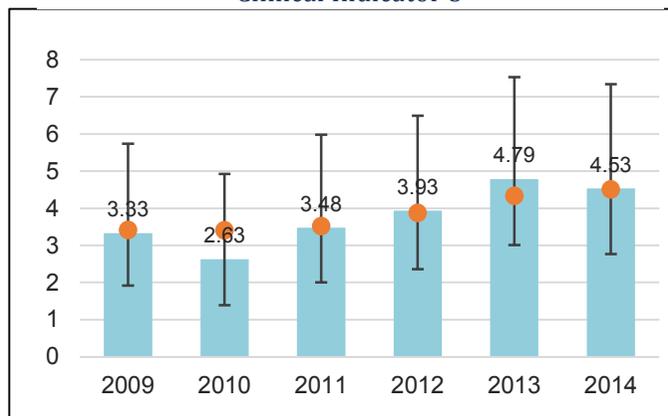
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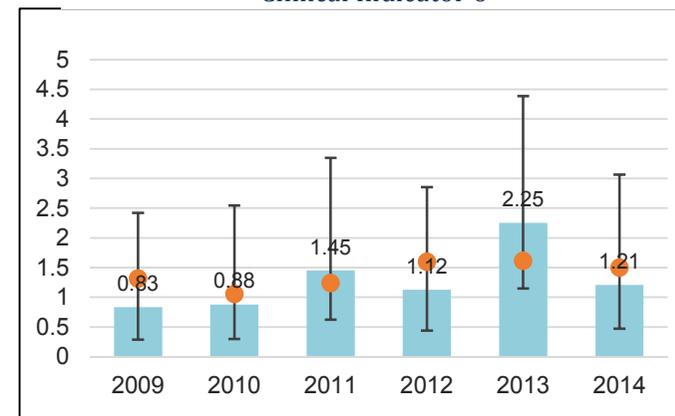
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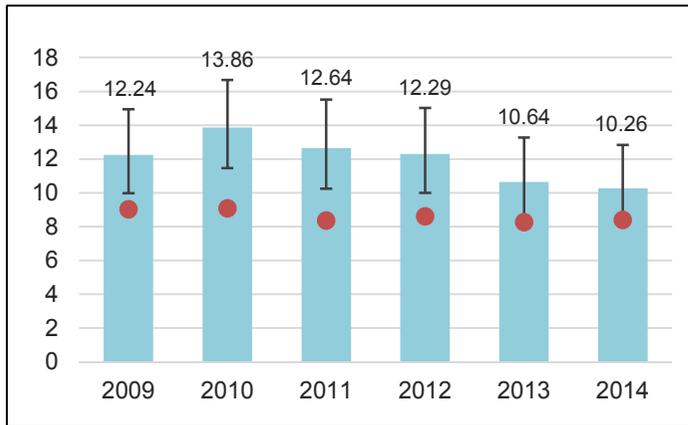
Clinical Indicator 7



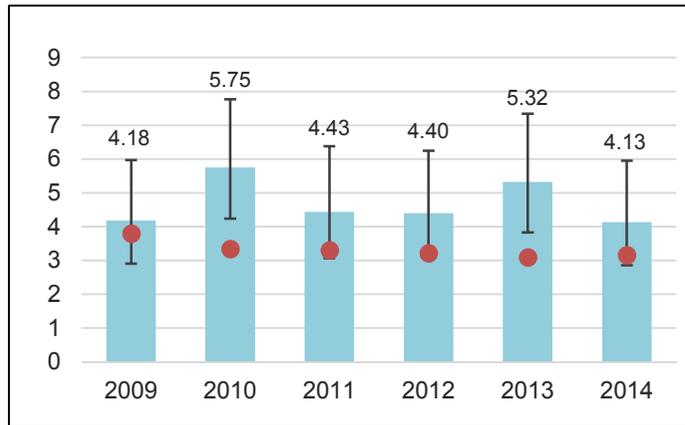
Clinical Indicator 8



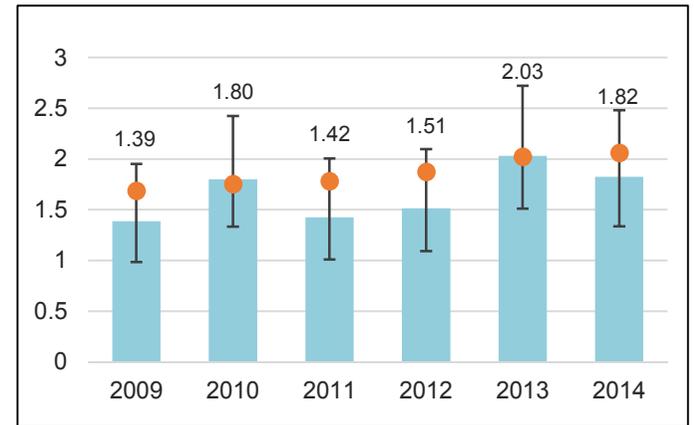
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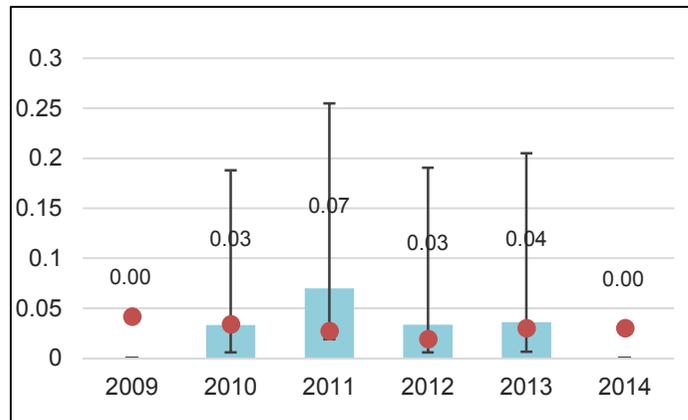
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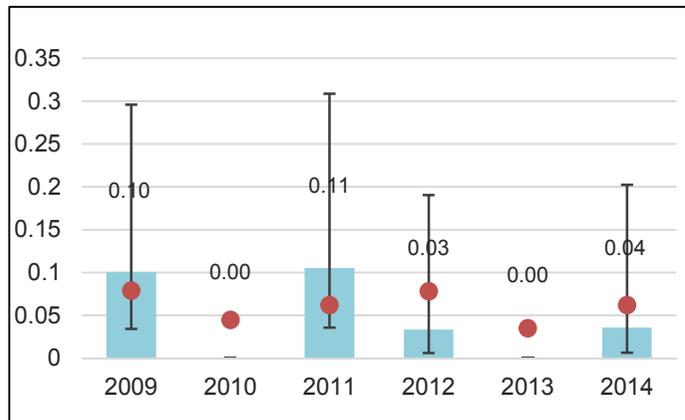
Clinical Indicator 11



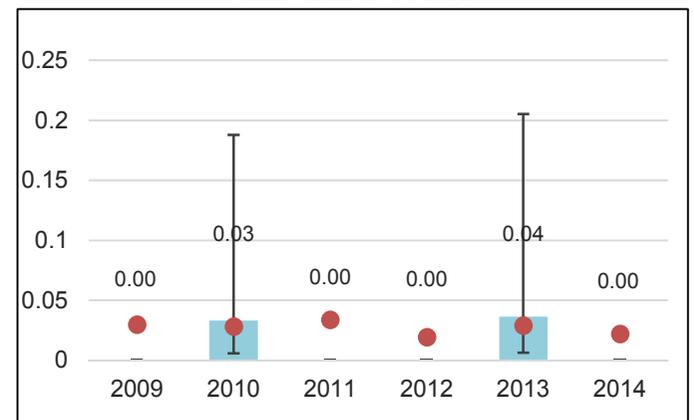
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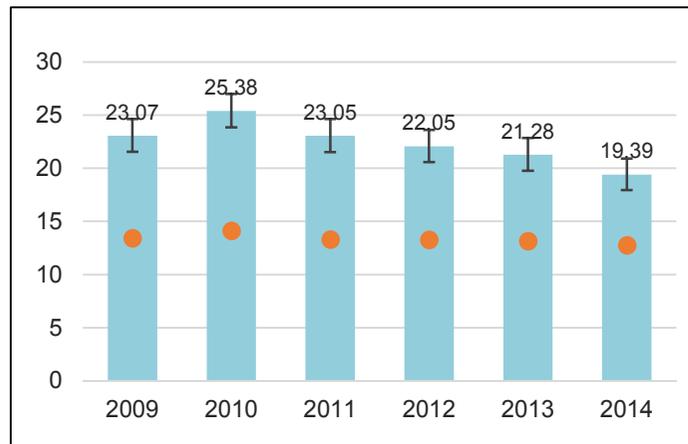
Clinical Indicator 13



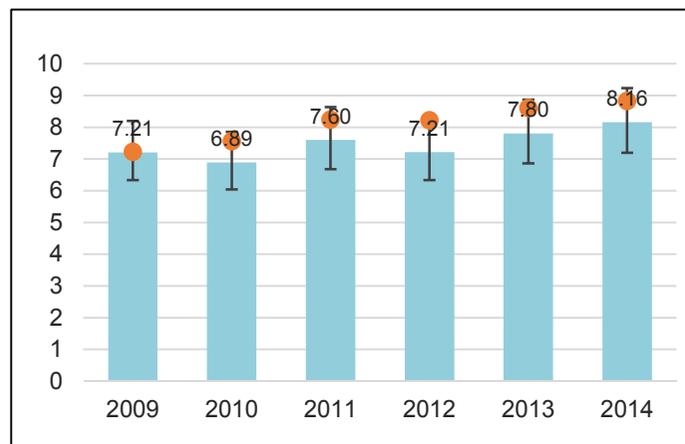
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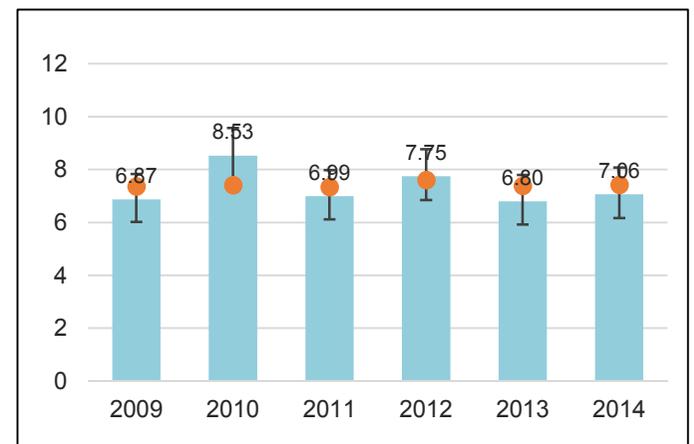
Clinical Indicator 15



Clinical Indicator 16



Clinical Indicator 17



Clinical Indicator 18

TIMELY REGISTRATION WITH LEAD MATERNITY CARER

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. Feedback collected from consumers using surveys and interviews by Consumer representatives on the governance group, it was identified that there is lack of awareness about the importance of timely registration with LMC. Feedback suggested that most women believe that it is too early to book with the midwife within the first 12 weeks of pregnancy. 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.

Over the last couple of years, these initiatives resulted increase in the number of women who register with LMC within first trimester of pregnancy. In 2014, 72.30% of Women registered with LMC within first trimester against the national average of 67.7%. This year we have focused on Maori population where the numbers stands at 56.3% (national average 53.4%). The numbers have increased from 41.5% in 2009 to 53.4% in 2014. More resources were made available to areas with high Maori population, Radio interviews about the importance of timely booking with Lead maternity carer. Translation of ASAP resources into Maori language is in process.

As Soon 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.

0800 Mum2Be www.findyourmidwife.co.nz

As Soon As you're Pregnant
Book your midwife

0800 Mum2Be (0800 686 223)
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

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.

BLOOD TRANSFUSION WITH CAESAREAN SECTION

Clinical Indicator 11 of the Maternity clinical indicators shows the number and percentage of the women who had a Caesarean section birth and who also required a blood transfusion. The Bay of Plenty District Health Board (BOPDHB) has a purportedly high rate of blood transfusion associated with Caesarean Section (CS). The 2014 New Zealand Maternal Clinical Indicators report found that though the rate of women in BOPDHB who underwent CS received a red blood cell transfusion has come down from 5.3% in 2013 to 4.1% in 2014 it is still higher than the 2014 national average of 3.2%.

To better understand the rationale and to identify true relationships between variables, an audit was undertaken and recommendations were drawn from it. The primary aim of this audit was to ascertain the transfusion rates associated with Caesarean section in the Bay of Plenty District Health Board (BoPDHB) between 01/01/2013 and 01/01/2016 and to compare this to the 2013 MOH Clinical Indicators of transfusion. The secondary aims were to determine the reason why transfusions are given in order to offer guidance to avoid the inappropriate administration of blood and improve patient safety.

Data discrepancies were found on transfusion data between WebPAS and New Zealand Blood Bank data which requires further investigation. The rate of transfusion at Whakatane has been higher although not meaningfully due to the low overall numbers of CS undertaken. In additions to these, it was identified that there is a need to reinforce a restrictive transfusion strategy to reduce all inappropriate transfusions. Work is underway with Clinical coders to correct coding errors between WebPAS and New Zealand Blood Bank.

Immediate Action Plan	Future Work Plan
Correct Coding Errors between WebPAS & New Zealand Blood Bank	Reinforce a restrictive transfusion strategy to reduce all inappropriate transfusions
	Develop a classification to record rationale for transfusion or clearly state reasons for transfusion in discharge summary or blood request forms.

CAESAREAN SECTION UNDER GA AUDIT

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.

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 Anaesthesia
- Patient demographics
- Time

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.

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 	<ul style="list-style-type: none"> • Rural/Access to Health • After hours • Theatre availability 	<ul style="list-style-type: none"> • Sitting Vs Right Lateral • Time Pressure

IMMUNISATION

BOP DHB continues to work 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 children in this district. The following groups and linkages are utilised by the DHB to improve vaccination coverage:

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
- National Immunisation Register team
- Public Health Organisation
- BOP Immunisation Facilitator
- BOPDHB Midwife Leader
- Maori Women's Welfare League (MWWL)
- Plunket Society
- Immunisation Advisory Centre (IMAC)
- Asthma and Respiratory Management BOP
- Well Child Tamariki Ora services (WCTO).

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.

BOPDHB and PHO staff also attends national and Midland regional immunisation teleconferences. The utilisation of appropriate data and direct engagement across PHOs continues to be primary opportunities for engagement and encouragement to work towards ongoing achievement of the Health Target.

The DHB continually seeks to identify new options to re-energise this area of activity to maximise every opportunity to increase performance and build a platform for sustained performance.

SMOKEFREE PREGNANCIES

Promoting smoke-free pregnancies and identifying initiatives to support pregnant women to become smoke-free is an ongoing key priority for Bay of Plenty DHB. Maternal smoking is the largest modifiable risk factor affecting maternal, foetal and infant health in the developed world. Society is becoming more aware of the dangers of smoking during pregnancy, but less are aware of how these health risks prevail after the birth of the baby and this is a major health concern. There are significantly higher rates of smoking amongst Maori and those living with high deprivation.

There is a national primary health target which requires 90% of pregnant women to have received brief advice and the recommendation of referral for specialized stop smoking support at time of booking with a Lead Maternity Carer (LMC). In addition there are also priorities outlined within the Maori Health Plan and in the Well child Tamariki Ora Providers (WCTO) Quality Improvement Framework (QIF) to support women and whanau to be smoke-free.

To reduce the health impact of smoking on the community, the Bay of Plenty District Health Board (BOPDHB) has dedicated staff working in Smoke-free health promotion, enforcement of the Smoke-free Environments Act 1990 and supporting people to become smoke-free.

The BOPDHB work intrasectorally with a number of providers to see a reduction in the number of women smoking during pregnancy. There are a number of outcomes that we aim to achieve including

- A reduction in the numbers of babies born small for their gestational age
- A reduction in smoking related complications during pregnancy
- A reduction in respiratory infections in infants
- Prevention of S.U.D.I.
- A reduction in child obesity

STEPS TAKEN SO FAR

Studies have proven that women are often highly motivated to stop smoking during their pregnancy than at any other time in their lives, and this is usually achieved without too much planning or effort. There has been a small reduction in the numbers of women smoking

During pregnancy over the past years with around 80% of pregnant women recorded as smoke-free at 2 weeks post-partum; however rates for Maori are significantly less with around 60% recorded as smokefree.

The Maternity Smoke-free Co-Ordinator (0.6FTE) is focusing her work on reducing the smoking rates for pregnant Maori women and those living in high deprivation communities across the BOP. A new initiative has been set up to enable closer relationships to be formed with organisations and health care providers in the more isolated areas of the region. The Maternity Smoke-free coordinator is now visiting Kawerau and Opotiki once a month to actively engage with local providers and the community to promote smoke-free Hapu mama (pregnant women), Pepi (babies), Tamariki (children), Rangatahi (teens), and Whanau (family). Displays are set up with information and resources that can be taken away. Carbon Monoxide testing is available. NRT is supplied and referrals to local cessation providers are made. It is hoped that by visiting these communities, more will be identified about what is needed to support them to become and remain smoke-free. More outlying communities will be visited during the next 12 months to enhance this initiative.

	2009	2010	2011	2012	2013	2014
All BOP	666 (23.1%)	745 (25.4%)	644 (22.9%)	638 (22.1%)	574 (21.3%)	523 (19.4%)
Maori BOP	477 (41.2%)	554 (47.8%)	499 (44%)	491 (44.4%)	442 (42.9%)	392 (38.9%)
Pacific BOP	14 (18.2%)	17 (18.5%)	8 (11.1%)	12 (15.6%)	12 (20.7%)	10 (12.5%)
Indian BOP	2 (2.7%)	1 (1.3%)	0	0	0	0
Asian BOP	2 (2.8%)	0	0	1 (1.1%)	3 (3.4%)	1 (1.2%)
Euro/other BOP	168 (11.3%)	171 (11.3%)	138 (9.7%)	132 (8.7%)	117 (8.3%)	120 (8.3%)
Home Birth NZ	301 (14.8%)	301 (15%)	267 (13.4%)	242 (13.1%)	279 (14.5%)	235 (12.2%)
Opotiki	19 (45.2%)	20 (45.5%)	34 (60.7%)	40 (57.1%)	18 (42.9%)	18 (32.7%)

Carbon monoxide (CO) monitors are a new edition to the Smoke-free tool-kit. There are now CO monitors in both Tauranga and Whakatane inpatient maternity units and antenatal clinics. There is also a CO monitor located at the Opotiki Community Health Centre for LMCs to use. The Smoke-free Maternity Coordinator also has one for face to face inpatient, outpatient or community interactions. The carbon monoxide monitor is offered to all pregnant women who smoke. The monitor has also been used in the community during the month of May to promote World Smoke-free Day.



Rangatahi using the carbon monoxide monitor at a Wahakura Wananga in Te Teko.

Smokefree resources are readily available in the maternity units and in antenatal clinics. Quit Packs, which consist of a self-help guide to stopping smoking, cessation provider contact details and smoke free stickers, are available for all midwives to give out to women who are either currently smoking or who are being exposed to smoke from others around them. Bulk nicotine replacement therapy (NRT) is also available to give to pregnant women, new mothers and family members who smoke. This initiative enables the barrier to accessing and paying for NRT through pharmacy's to be removed. It also allows for a conversation to take place around the effective and correct use of the product.

Another new development has been put into place. Following a meeting with the entire team of Medex Radiology in Tauranga, radiographers are now providing smoke-free information to all pregnant women who smoke at the 11-13 week nuchal translucency scan. Pregnant women do not feel baby's movements until 15-19 weeks; some do not identify or have a connection with the baby until movements are felt. This initiative was thought up, to help pregnant women who see their baby for the first time; triggering the connection to take place; to come to the realization that smoking is harmful to their pregnancy. The radiologist also talk about the SCOPE study findings of stopping prior to 15 weeks gestation and reducing the chances of having a premature of small for gestational age baby, this can be positive

advice if previous pregnancies were effected by smoking. It is hoped that this initiative will be accepted by all Radiology providers across the entire Bay of Plenty during the next 12 months.

EDUCATION

Over the past 2 and a half years over 85% of Bay of Plenty LMCs and DHB midwives have completed the Te Hapu Ora Smoke-free Programme and gained essential skills to better support pregnant women who smoke to become smoke-free. This nationwide programme has now unfortunately come to an end. Education to ensure midwives are kept informed of changes around tobacco control, what cessation providers are available to refer to, and how they can continue to support pregnant women to become smoke-free is taking place.

The Smoke-free Maternity Coordinator recently presented at a Healthy Pregnancies Education Day. It was highlighted that 75% of women who manage to stop smoking during their pregnancies relapse within 6 months of having baby; this number significantly increases to 90% within the first 12 months. Several factors to relapse were mentioned and there will be education sessions for midwives to learn more about how to support women and to prevent this relapse. Breastfeeding is known to delay post-partum relapse and research shows that the more days a women breastfeeds, the less likely they are to smoke. The Lactation Consultant from Whakatane will also be visiting Kawerau and Opotiki communities with the Smoke-free Maternity Coordinator to promote and support breastfeeding as well as provide education to health care providers.

Education for 3rd year midwifery students is taking place to ensure that they are up to date with what resources are available, the importance of implementing the ABC approach into their practice once they graduate and simple tips on how to engage with women and families when having smoke-free conversations.

The smoke-free maternity coordinator has been invited into Te Whakatipuranga- School for Young Parents, Tauranga; twice during the past year to talk to the students about the dangers of smoking during and after pregnancy. The feedback received was positive and the students were attentive and interactive during the learning, asking questions and participating in carbon monoxide monitoring.. Quit packs and NRT were provided to the group. Tauranga Girls College Year 13 Early Childhood Education class also invited the smoke-free maternity coordinator along to talk to about the dangers of smoking during and after pregnancy and the effect that smoking has on children's health, wellbeing and intellectual development.

From 1 July, the Eastern Bay of Plenty Primary Health Alliance will hold the Ministry of Health funding to provide smoke cessation services to people of the entire Bay of Plenty. There are talks currently taking place to determine what services will be available for pregnant women. This is an exciting development and the aim is to have a dedicated cessation programme specifically for pregnant women and new mothers; something that the BOP has never had before.

SUDDEN UNEXPECTED DEATH IN INFANCY

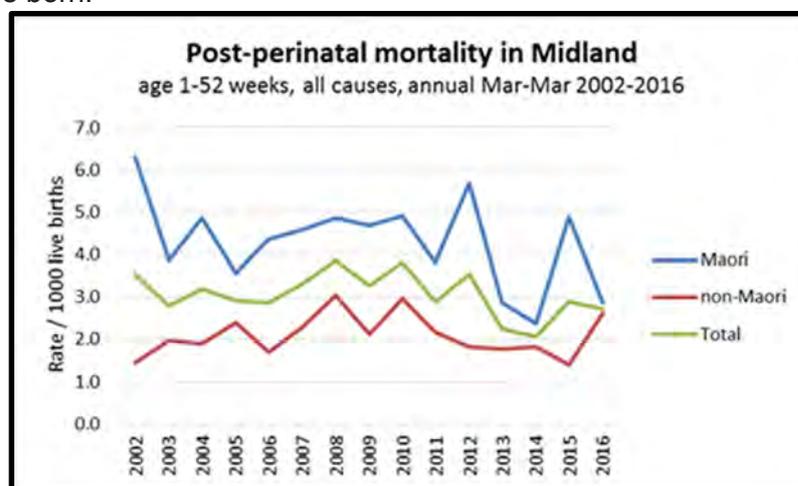
PEPI-POD PROGRAMME

Prevention of Sudden Unexpected Death in Infancy (S.U.D.I.) continues to be a priority area of the Bay of Plenty District Health Board. Every year there are many families that lose a baby to S.U.D.I. Coroners believe that most, if not all of these deaths, are preventable. Between 2009 and 2011 the rate of S.U.D.I in the Bay of Plenty steadily increased, there were a total of 13 deaths over this 3 year period. The majority of these infants were Maori; they were exposed to smoke either in utero and/or in the period from birth up until the time of death. Many were found in unsuitable sleeping situations where pillows and loose and inappropriate bedding was used. A key finding was that the mother was aged less than 20 years or had been a teenage parent when she had her first child; this key finding could indicate that baby care practices amongst teen mothers do not change when subsequent children are born.

Considering these significantly high S.U.D.I. rates in the region, BOPDHB worked closely with other DHBs in the Midland region to develop a region-wide Safe Sleep Policy. BOPDHB 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. The BOPDHB Pepi-Pod Programme was born in June 2013; 3 years on, our programme is still going strong and we are seeing a decrease in numbers of S.U.D.I across the BOP region. The graph below briefly shows who is benefitting from using a Pepi-Pod.

	2013 June-Dec	2014	2015	2016 Jan-June	TOTAL
WBOP Total	148	190	232	104	674
Maori	110 (74%)	148 (78%)	191 (82%)	88 (84%)	537 (80%)
Smoke exposed	105 (71%)	169 (89%)	192 (83%)	86 (82%)	552 (82%)
Prem/SGA	42 (28%)	50 (26%)	47 (20%)	32 (31%)	171 (25%)
EBOP Total	97	80	100	80	357
Maori	92 (95%)	76 (95%)	96 (96%)	74 (92%)	338 (92%)
Smoke Exposed	80 (82%)	61 (76%)	89 (89%)	68 (85%)	298 (83%)
Prem/SGA	17 (17%)	12 (15%)	22 (22%)	17 (21%)	68 (19%)
WBOP & EBOP					
Total on Programme	245	270	332	184	1031
Maori	202 (82%)	224 (83%)	287 (86%)	162 (88%)	875 (85%)
Smoke Exposed	185 (76%)	230 (85%)	281 (85%)	154 (84%)	850 (82%)
Preterm or SGA	59 (24%)	62 (23%)	69 (21%)	49 (27%)	239 (23%)
Twins	5	11	4	6	26
Prev SUDI/IUD/NND	6	3	8	3	20
Vuln. Unborn Group	7	28	30	10	75

The Pepi-Pod Programme Co-ordinator role has been covering both facilities in the BOPDHB for over 18 months now. New distributors have been trained to ensure that all identified S.U.D.I. vulnerable babies receive a Pepi-Pod prior to discharging home from the maternity units. A number of LMCs who work within the most vulnerable communities have also been trained to distribute Pepi-Pods, this has shown to be valuable; as Pepi-Pods are being distributed in the homes in the antenatal period after discussions around where and how baby will sleep once born.



In the twelve months ending March 2016, Midland saw equal PPM rates for Maori and non-Maori. This is significant given the disparities of March 2002, and even March 2012. Yes, we still have infants to protect but reducing inequalities as well as infant deaths has always been a goal of the Pepi-Pod Programme (Stephanie Cowan: Director; Change for our Children Ltd)

EDUCATION

A new safe sleep message has been introduced by Change for our Children during the past year called “Arms-free Swaddling”. Arms-free swaddling works with babies as they develop. It offers parents and babies a settling option as babies become more mobile. Arms-free swaddling enables babies to strengthen their initially limited capacities for regulating comfort, temperature and airway safety. A full body swaddle is fine for very small babies (less than 6-8 weeks), but as babies become more mobile they need their arms free. Inappropriate swaddling, due to either the method, material, position in which a baby is placed, or a baby's stage of development, features in some cases of sudden infant death. Arms-free is a safe option for babies who are unable to roll to the front. (This happens from about 16 weeks). Safe Sleep Champions have been offering arms-free swaddling education to all maternity staff across the region. Safe swaddling is taught and modelled in both facilities to ensure that new parents know what is acceptable and safe prior to discharging home with baby. There is ongoing education provided to new staff by our Safe Sleep Champions, including “Through the Tubes” and “Safe Hands”. Safe Hands promotes sober and responsible caregivers at all times for baby, this message has been extended to ensure that all children, whatever the age, have a sober and responsible caregiver at all times.

The Pepi-Pod Programme Co-Ordinator has been out and about in the community providing safe infant sleep and S.U.D.I prevention education to mums at the Te Whakatipuranga - School for Young Parents, Tauranga, twice in the past year. Many of the young mums that were present spoke about using a pepi-pod for their babies and how useful they are.



Is your baby in safe hands?

when there is drinking, drug use or partying, or you need a babysitter

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Deadly combination
Alcohol and drug use are factors in the deaths of some babies and children. It is dangerous for babies and children to be in the hands of anyone who cannot keep them safe.

Brain slows down
The brain slows down when people drink alcohol or take drugs. The affected person cannot think, move, or make decisions in the normal way.

What can happen
A drunk or stoned person may drop a baby, or fail to wake to a baby's cries for food, comfort or protection. They may be unaware of dangers in the sleeping environment that can cause a baby to accidentally suffocate during sleep.

Arrange a sober carer
Be sure your baby is always in the safe hands of a responsible and sober adult; someone who can respond to your baby's needs, and knows how to keep your baby safe when sleeping.

Safe hands will ...

- H**andle babies gently
- A**lways place babies flat and on the back for sleep
- N**ever expose babies to smoking, alcohol or drugs
- D**o safety checks of cots and remove pillows, loose covers or soft toys
- S**tay close and able to meet babies' needs for food, comfort and safety

WAHAKURA WANANGA

3 successful Wahakura Wananga were held across the BOP at Tutereinga Marae in Te Puna, Te Waiiti Marae in Ruatahuna and at Uiraroa Marae in Te Teko. The aim of these Wananga was to showcase the art of raranga and the making of wahakura waikawa to enable babies to have a safe sleep space. It is hoped that by holding Wananga throughout the region, the art of raranga would be reignited into the smaller communities, particularly where the natural resource harakeke, is growing in large quantities but not being utilised.



Photos of Wahakura Wananga held at Tutereinga Marae, Te Puna, and Te Waiiti Marae, Ruatanua

The Wananga were also great opportunities to invite local providers along to talk about their services and to have health promotion presentations and displays such as Te Ha Ora, Pēpi-Pod Programme, Rongoa, Teen Parent Education, Smoke Free, Immunisation, Hauora services, oral health, breast and cervical screening, mama pepi programmes, driveway safety, rheumatic fever, mirimiri, domestic violence and sexual abuse awareness and Family Start.



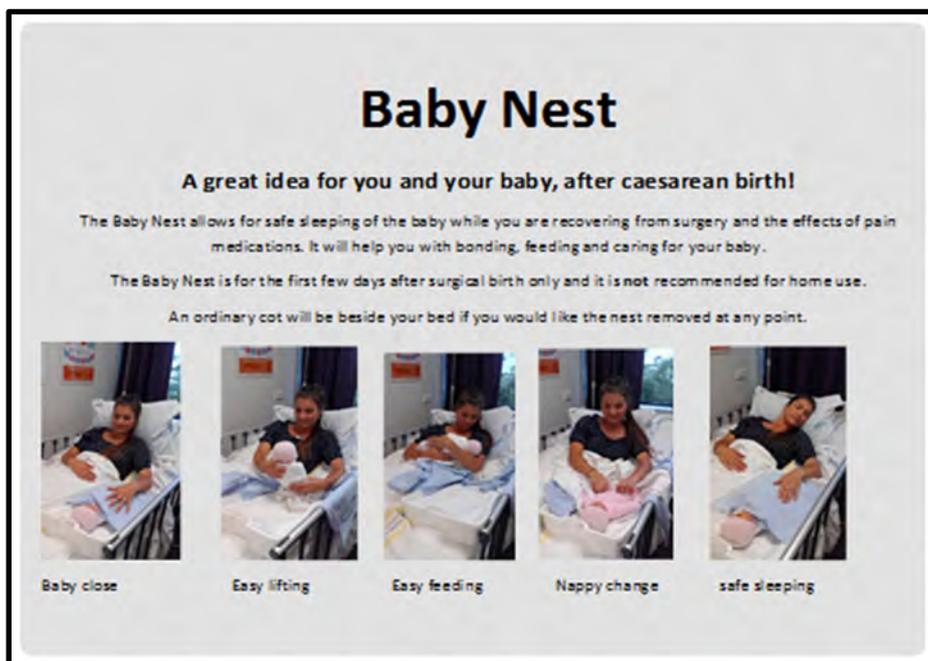
Photos taken at Wahakura Wananga held at Uiraroa Marae, Te Teko

BABY NEST

The “Baby Nest” is offered as an option for post-surgical mothers and their infants; it provides a safe sleep space that met the requirements of the Safe Infant Sleep Protocol, BFHI Policy and Reduction of Falls Policy, and meets the needs of the mother and infant.

The idea of the “Baby Nest” came about as an “off-shoot” of the Pepi-Pod. The Pepi-Pod allows baby to sleep in its own space but is also able to be 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. It eliminates unsafe bed-sharing within the maternity setting; keeps mothers and babies close to enhance bonding and help in establish breastfeeding. It empowers mothers to care for and tend to their babies during the time she is immobile, without having to wait until staff is available to transport the baby to or from the bassinette.

The “Baby Nest” is for new-born infants only and fits alongside the mother in a hospital bed.



The Baby Nest was trialed in Tauranga Maternity unit, the Baby Nest was offered to all women who had caesarian births, to use for a period of up to 48 hours after baby was born. Information leaflets were provided to women who were scheduled to have elective caesarian sections so that they knew that the option was available once they were transferred to the post-natal ward. Feedback was received from new mothers and maternity staff. The majority of mothers reported satisfaction. This is some of what the mothers reported:

- “empowering to be able to pick up, cuddle, feed without needing a midwife to assist”

- “would recommend to any new mother”
- “ I was able to place a hand on baby and soothe her many times throughout the night”
- “I appreciated this alternative solution being offered to me” (NVB, PPH, transfusions)
- “I got more sleep”
- “Safe and convenient alternative to sleeping with baby on chest”
- “I felt safe”
- “Fantastic! I had a catheter in so it was the only way I could independently get my baby up and down”
- “I think it’s a terrible concept, it’s like sleeping with a box, nothing like a nest at all. Moses basket would be better”

Staff responded:

- Need to be longer and narrower
- Excellent with a mucousy baby
- Can soothe baby and go back to sleep easily
- Babies settle more readily
- Less concerns around unsafe bed sharing
- Good after difficult births too

It was decided that the vessel for the Baby Nest was a little small. Therefore following discussions with management, it was decided that the BOPDHB would purchase some “First Days Pods” from Change for our Children. The First Days Pods were introduced by Stephanie Cowan just after the Baby Nest trial began. The First Days Pods are slightly larger and made of a more robust material; therefore ensuring babies are kept safe. The First Days Pods are now being used in both facilities.

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.

WORKING REGIONALLY

Bay of Plenty DHB strongly believes that access and integrated healthcare model is the best approach to reduce maternal mental health issues. Midland Mental Health and Addiction Regional Network undertook a two phase approach to perinatal mental health services in the Midland region.

During the phase one of the project stocktake of current services was undertaken. 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.

In the second phase of the project, based on the findings of the phase one, stakeholders and representatives from Mental health services providers, LMCs, Primary and secondary care worked together to develop a Midland Perinatal Mental Health Pathway. This pathway was developed in Map of Medicine and work is underway to translate this into local internal systems like Bay Navigator for Bay of Plenty. Following the launch of Midland Perinatal Mental Health Pathway, three workshops on perinatal and infant mental health were organised for the care providers and stakeholders in the Midland region.

ADVANCED PAIN RELIEF EDUCATION

Recent consumer feedback has indicated that some women delivering in the Bay of Plenty would have liked to have had more information about epidural pain relief before they were in labour. In response to this feedback, consumer members on the governance were tasked to gather feedback using social media surveys and interviews. Midwives were invited to a session with an anaesthetist to discuss the potential content of antenatal education sessions, that may be of value in delivering education to women about pain relief options in labour, including epidural analgesia. Following the positive feedback from the consumers and the discussions with the midwives, the Department of Anaesthesia decided to organise education sessions which will be open to pregnant women, their partners and support persons, as well as interested LMCs and antenatal educators.

As a part of the education evening, a short presentation by a consultant anaesthetist will be followed by a question and answer session. We aim to provide up-to-date, factual information in a relaxed and friendly environment, allowing women to make informed choices at the time of their labour and delivery.

Also, the feedback was taken further at the national level and Anaesthetists are planning to prepare an educational DVD about the advanced pain relief optional available for women during Labour and birth.



The Bay of Plenty District Health Board
Department of Anaesthesia
invites you to an
Antenatal Education Evening
Epidural pain relief & anaesthetic services for labour
and delivery
Thursday Aug 11th
6:30-7:30pm
Nikau Room, Ground Floor, Tauranga Hospital
(behind the lifts)

Come along to find out about epidural pain relief in labour, as well as other anaesthetic services, in a relaxed and friendly environment. Obtain the information you need to assist you in making informed choices. A short presentation will be followed by a question and answer session. Partners/support persons/LMCs/antenatal educators welcome

Please email heidi.omundsen@bopdhb.govt.nz if you would like to attend

PROJECT HEALTHY PREGNANCIES

There is an increasing focus on the opportunities for health gain through a healthy pregnancies approach. The BOPDHB Child and Youth Health and Wellbeing Strategy highlighted the benefits of action in a child's first 1,000 days from conception to the child's second birthday. There are currently large ethnic inequalities in particular between Maori and non-Maori for health outcomes in issues related to pregnancy i.e. immunisation, smoking in pregnancy, breastfeeding, and these are addressed through the Maori Health Plan. The Maternity Quality and Safety Programme provide a framework for engagement across the broader health sector to address risk factors for poor health outcomes for babies and infants.

This project is about working with the local communities to build care capacity, capability and sustainability, as a foundation for service integration. The vision for this project is that all whanau/families considering or achieving pregnancy in Bay of Plenty are fully supported or engaged and have every opportunity to reach their full health potential. We are seeking to achieve an outcome which sees better alignment between how services are positioned within high need communities and the needs of those populations.

Key Stakeholders include:

Ministry of Education	Local pharmacies
Housing New Zealand	General practices
Antenatal Education service providers	BOPDHB
Primary Health Organisations	Local Iwi
Maori Health Providers	Lead Maternity Carers
Plunket	Strengthening Families
Ministry of Social Development	Bay Navigator

Stage 1 - Locality planning and demand/need analysis

Conduct locality analysis, including population and service use analysis and forecasting, to identify current and future service demand.

Stage 2 - Model of care options

Identify possible future models of care, with a dual focus on exploring possibility for increased vertical and horizontal integration. The primary focus here is to develop some patient journeys (across public service agencies) and review how the various systems work for those patients and where patient level issues might lie.

Stage 3 - Detailing the preferred option

This would involve working with agencies that were interested in increasing integration. A high level plan of activities and possible milestones would be developed to address the business issues, model service and funding flows.

REGIONAL MATERNITY TRANSFER & REPATRIATION STANDARDS

BACKGROUND

The Midland Maternity Transfer & Repatriation Standards have been developed over the past three years, from a draft A3 flow chart into a comprehensive regional document, which was formally approved on 25 May 2016 by the Midland Maternity Action Group.

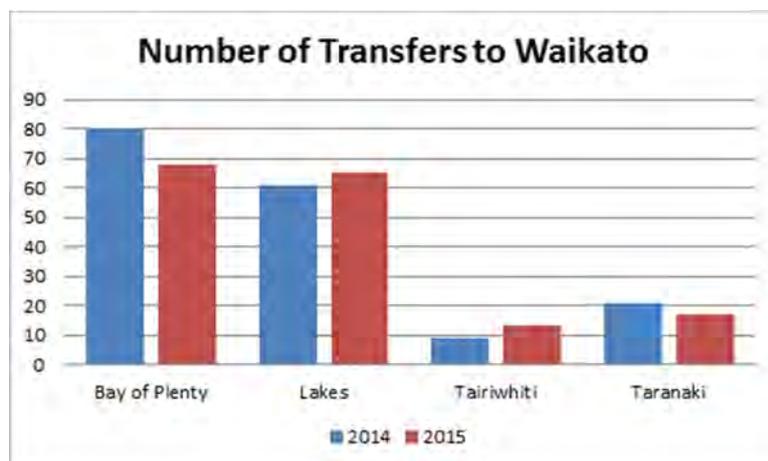
THE STANDARDS

- Focus on enabling smooth patient flow and ensuring best, most appropriate and safest maternity care is delivered as close to the woman's home as possible
- Describe the transfer and repatriation processes between the Midland region's secondary to tertiary hospital, and repatriation from tertiary back to secondary hospitals
- Provide guidance on discharge of women back to their home domicile, where they no longer require admission to a secondary hospital.

THE REGIONAL TRANSFER PROCESS

The Standards have been developed over the past three years, involving extensive circulation, rounds of iterative consultation and feedback, and trialing of the process over the past few months in the region.

The Midland Maternity Transfer and Repatriation Standards are now with the Midland DHBs Chief Operating Officers Group for endorsement and implementation across the region.

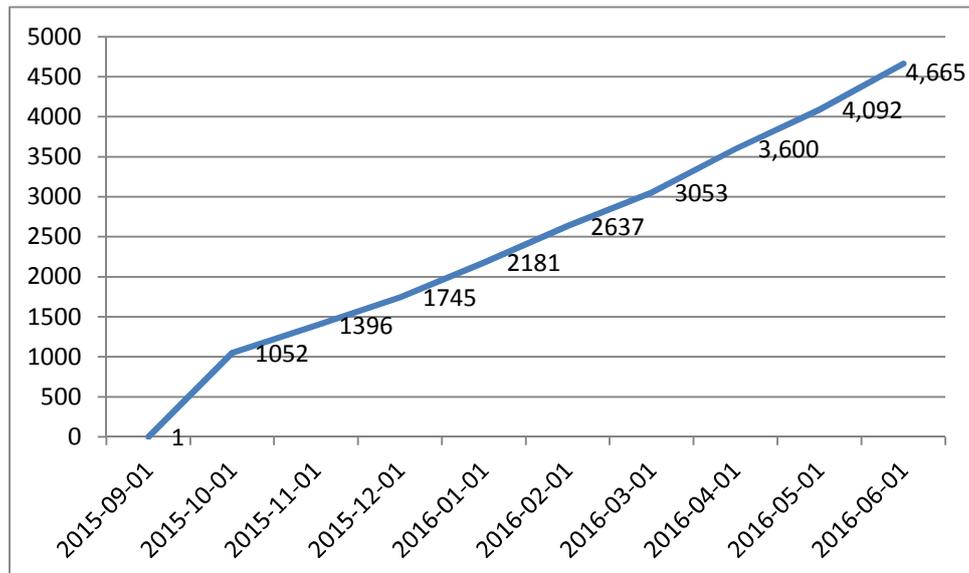


BREASTFEEDING MOBILE APPLICATION

After a two year 'gestation', the Midland Maternity Action Group 'birthed' the new breastfeeding app in August 2015. The app concept grew from the need to find more innovative ways for women to receive key messages during pregnancy and breastfeeding. It has since grown to encompass other aspects of breastfeeding information, written in a conversational and appealing style for today's young birthing women. Using the concept of peer support, personal stories from women and whānau add value and reality.

After only two weeks in the market place the app was the sixth most downloaded app in the Health category in New Zealand. And now, after nine months it has been downloaded 4,000 times. Using the social media platform has seen the app attract 450+ Facebook followers with posts being regularly shared onto other Facebook pages.

Toi Te Ora – Public Health Service's Breastfeeding Friendly Accredited Spaces will be uploaded to the app, so soon mothers will be able to see where their nearest breastfeeding friendly spaces are in both Bay of Plenty and Lakes areas.



BreastFedNZ App - Cumulative Number of Downloads

MATERNITY E-NEWSLETTER

Bay of Plenty MQSGG recently decided to start publishing monthly e-newsletter for the maternity stakeholders in the DHB facility and in the community. This has replaced the previously Maternity newsletter which only targeted DHB maternity staff and was published as hard copies. With an aim, to include more stakeholders in the community to share quality initiatives, success stories and the national priorities, it was decided to publish E-newsletter which has better reach and enables engagement with stakeholders.

Primary birthing centre, Sports BOP, Toi Te Ora, BOP Smokefree Coordinator, Lactation Consultants, GP Liaisons, Well Child providers and other maternity stakeholders are contributing regularly for the newsletter. It has been widely distributed to Well Child providers, Primary birthing centres, consumer networks, maternity units, GP clinics, Toi Te Ora networks, Planning and Funding etc.



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

MATERNITY NEWSLETTER

ISSUE 1 : E-NEWSLETTER - MAY, 2016

INSIDE THIS ISSUE

Working Together to Quit smoking	2
Avoid Flu During Pregnancy	2
Bethlehem Birthing Centre invites Mums to Visit	3
Arm-Free Swaddling	3
BreastfedNZ App	4
Breastfeeding Corner	4
Bump Club	5

A WARM WELCOME



FROM THE CHAIR - By Margret Norris

Hello and Welcome to our first Maternity Quality and Safety Programme e-newsletter. The idea behind to start this E-newsletter is to open a new channel of communication where everyone is informed and involved in decision making and to create a climate of openness in Maternity. We hope to publish this update regularly and would welcome your inputs.

We have signed you up for our newsletter in the hopes that you will find great value in its content and will provide us all with an opportunity to share all the great work and the success stories.

Your feedback and comments are always welcome.

KEY DATES

Healthy Pregnancies Education Day - Tuesday, 17th May 2016
For further details, please visit: [Healthy Pregnancies Education Day](#)

Bump Club - Tuesday, 24th May 2016
Please visit Sports BOP online form here: [Bump Club 2016](#)

Breastfeeding Clinic - Every Wednesday
at Te Manu Toroa, 53A Courtney Road, Gate Pa

STRATEGIC PLAN DELIVERABLES 2015/16

Priority area	Planned local actions to deliver quality improvement	Expected outcomes	Measured by	Status
<p><u>LMC Registration</u> (Maori)</p> <p>Proportion of Women registering with LMC within first trimester has increased in BOP, however, not much change has been seen for Maori Population</p>	<p>Background: Proportion of timely registration with LMC in BOP has increased from 67% in 2011 to 73% in 2013. However, only 49.9% of Maori women register with midwife within this time frame</p> <p>Developing ASAP resources in Maori Language.</p> <p>More focus on Eastern BOP.</p> <p>Resource mail out frequency increased to every 3 months</p>	<p>Improved access to care</p>	<p>Improve LMC registration for Maori and Pacific Population. Currently only 49.9% of Maori women register within first trimester.</p>	<p>Completed & Ongoing</p> <p>This year ASAP programme focused on improving rates of Maori population. Rates have increased from 49.9 to 53%. MQSP will continue to focus on this area for the next year.</p> <p> </p>
<p><u>CLINICAL INDICATOR 16</u></p> <p>Maternal Tobacco Use Postnatally (at 2 weeks)</p>	<p>Background: Currently 21.5% of women in BOP are identified as smoker at 2 weeks postnatally. Whakatane has highest proportion of such women in New Zealand</p> <p>Establishing new Working relationship with Eastern and Western PHO</p> <p>ROI to Ministry of Health for funding for maternity specific smokefree cessation services</p> <p>Purchasing CO monitors through Midland funding</p>	<p>Reducing number of women smoking at postnatal 2 weeks</p>	<p>Clinical indicators provided by MoH.</p>	<p>Completed & Ongoing</p> <p>CO Monitors purchased for both Tauranga & Whakatane. NRT is supplied and referrals to local cessation providers are made. Education for 3rd year midwifery students has been set up. BOPDHB is working closely with Eastern Bay of Plenty Primary Health Alliance which will hold the MoH funding to provide smoke cessation services</p> <p> </p>

Priority area	Planned local actions to deliver quality improvement	Expected outcomes	Measured by	Status
<p>Improving engagement with Consumers and better feedback mechanism</p>	<p>Consumers are already on the Governance group but there is a need of better engagement and to improve the feedback mechanism so that feedback can be sought from wider community</p>	<p>Decisions made inclusive of consumer view</p>	<p>Consumer feedback is used to shape maternity services, with support from consumer members</p>	
<p>Improve rates of New-born Screening Indicators</p>	<p>Background: 1) Sample should be taken between 48-72 hours of birth. National average is 74% and the target is 95%. In BOP, only 58% of samples are taken within recommended time frame.</p> <p>2) Samples must be received by the laboratory as soon as possible after they are taken. Target is 95% of samples are received by the laboratory within four calendar days of being taken.</p> <p>Setting up regular communication with LMCs and Midwives via email and physical emails about this requirement.</p> <p>After sample has been taken it should reach laboratory within 4 days.</p> <p>Looking at the possibility of trialing Overnight Courier service in Tauranga.</p>	<p>Samples will be taken within recommended timeframe.</p> <p>Samples reach laboratory within recommended timeframe</p>	<p>Improved timely screening rates reflected in the next National screening unit report.</p>	<p>Completed</p> <p>BOPDHB MQSP is closely monitoring this area. Improvements have been made and as per the most updated data available 71% of samples are received within recommended time.</p> <p>Staff midwives and LMCs are informed about the developments using the newsletter. In addition to this letter was sent out to Staff midwives and LMCs.</p> <p>Discussions are underway with National screening unit to set up monthly report for NHI which did not meet the sample collection and delivery time frame criteria.</p> <p style="text-align: center;"></p>

Priority area	Planned local actions to deliver quality improvement	Expected outcomes	Measured by	Status
<p>Caesarean Section & blood transfusion</p>	<p style="text-align: center;">Background: BOPDHB has considerably high proportion of women undergoing blood transfusion during birth admission for caesarean section delivery</p> <p style="text-align: center;">Identifying and addressing underlying cause</p> <p style="text-align: center;">Audit to ensure that local practice aligns with the national consensus guideline for treatment of PPH</p>		<p>Ministry of health releases Clinical indicators report every year. It is expected that with the interventions, numbers should improve in the next annual report.</p>	<p style="text-align: center;">Completed</p> <p>An audit was undertaken to confirm the rates of women undergoing blood transfusion with Caesarean section delivery and to understand the reasons leading to high blood transfusion rates.</p> <p>As an outcome of the audit, coding errors have been identified between the WebPAS & NZ Blood bank. Work is in progress to correct this. Also, it is suggested to Reinforce a restrictive transfusion strategy and to develop a classification to record rationale for transfusion. This has been added to the next year work plan</p> <p style="text-align: center;"></p>
<p>Healthy pregnancies Project</p>	<p>There is an increasing focus on the opportunities for health gain through a healthy pregnancies approach.</p> <p>There are currently large ethnic inequalities in particular between Maori and non-Maori for health outcomes in issues related to pregnancy</p>	<p>The vision for this project is that all whanau/families considering or achieving pregnancy in Bay of Plenty are fully supported or engaged and have every opportunity to reach their full health potential by 2020.</p>		<p style="text-align: center;">Added to the Next Year Work Plan</p> <p>The progress of this project has been slow in 2015 due to new appointment of Portfolio manager in Planning who is also a project lead of this project. Stage 1 has been completed and the core group is now in place.</p> <p style="text-align: center;"></p>

STRATEGIC PLAN DELIVERABLES 2016/17

Priority area	Planned local actions to deliver quality improvement	Measured by	Status
GOVERNANCE			
MQSP Governance Group & Clinical Leadership	<p>Review the existing governance group structure and roles with an aim to have appropriate representation for MQSP operations</p> <p>Set up and support the functioning of Whakatane MQSP Locality group.</p> <p>Work with the Decision support teams towards transparent reporting of maternity funding streams including MQSP</p> <p>Produce Maternity annual Report 2017</p>	<p>Terms of Reference will be update if required.</p> <p>Whakatane locality group will feed into DHB MQSP Group.</p> <p>Annual Report will be submitted to MoH</p>	
Improving engagement with priority consumers such as Maori, Pasifika, young mothers etc	<p>Consumers are already on the Governance group but there is a need of better engagement and to improve the feedback mechanism so that feedback can be sought from priority consumers such as Maori, Pasifika, young mothers, mothers with disabilities and those experiencing mental health issues.</p>	<p>Consumer feedback is used to shape maternity services, with support from consumer members</p>	
Recommendations from National Bodies	<p>Attending Maternity Quality & Safety National meetings by programme manager and feedback to the Governance group on monthly basis.</p> <p>National Maternity monitoring group priorities are included in the work plan and discussed during MQSGG meetings</p> <p>Midwifery leader attends the Midland maternity action group meeting (Regional group) and feedback to the Governance group.</p>	<p>MQSGG and their networks are aware of national. Regional and local priorities.</p>	

Priority area	Planned local actions to deliver quality improvement	Measured by	Status
LOCAL COMMUNICATION SYSTEMS & INFORMATION SHARING			
Maternity E-Newsletter	BOPDHB to continue with the recently started E-newsletter for maternity stakeholders. To widen the audience of this newsletter so that Quality and safety activity and achievements can be shared with stakeholders.	Monthly e-newsletter sent out to hospital and community practitioners	
Maternity Webpage	Update the existing maternity webpage on the BOPDHB public website to include Maternity Quality & Safety programme information, current members, work plan, clinical indicators trends and target.	Website will be updated with the MQSP overview and the clinical indicators.	
DATA MONITORING			
Local Clinical Indicators data Reporting	Following the MQSGG members feedback, it was decided to set up local clinical indicators data reporting. Work closely with clinical coders team and decision support team to establish clinical indicators data dashboard which can report on monthly basis	Clinical indicators report will be available on monthly basis	
National Screening unit clinical indicators	Work with NSU to set up a monthly report using NHI numbers of the babies. With this transparent reporting, we will be better able to understand the reasons behind the delays in sample collection and delivery of sample to the laboratory.	Improvement in the number of proportion of samples collected and reaching laboratory within recommended time frame.	

Priority area	Planned local actions to deliver quality improvement	Measured by	Status
QUALITY IMPROVEMENT			
<p>Improving LMC Registration in first Trimester for Priority population</p>	<p>Proportion of Women registering with LMC within first trimester has increased in BOP; however, engagement with priority population (Maori, Pasifika, young mothers) remains a challenge.</p> <p>Translating resources in local languages Language.</p> <p>Making resources available in rural and remote areas.</p> <p>Establishing strong working relationship with local providers in these areas to promote the campaign.</p>	<p>Improve LMC registration for Maori and Pacific Population.</p>	
<p>Maternal Tobacco Use Postnatally (at 2 weeks)</p>	<p>Establishing new Working relationship with organisations and health care providers in the more isolated areas of the region.</p> <p>Active engagement with local providers in Kawerau & Opotiki to promote smoke-free Hapu mama (pregnant women), Pepi (babies), Tamariki (children), Rangatahi (teens), and Whanau (family)</p> <p>Establishing new working relationship with Radiology centres to provide smoke-free information to all pregnant women who smoke at the 11-13 week nuchal translucency scan.</p> <p>Exploring the possibility to support the implementation of the Hapu Mama framework.</p> <p>Setting up Education sessions for midwifery students</p>	<p>Continue the reducing trend of number of women who identify themselves as smokers at 2 weeks postnatal period</p>	

Priority area	Planned local actions to deliver quality improvement	Measured by	Status
<p>Improve rates of New-born Screening Indicators</p>	<p>Monthly reporting of NHI number of babies which failed to make within the recommended time frame.</p> <p>Based on the report analyse the barriers to timely sample collection and delivery of sample within 4 days.</p> <p>Setting up regular communication with LMCs and Midwives via email and physical emails about this requirement.</p> <p>Looking at the possibility of trialing Overnight Courier service in Tauranga.</p>	<p>Improved timely screening rates reflected in the next National screening unit report.</p>	
<p>Caesarean Section & blood transfusion</p>	<p>Background:</p> <p>BOPDHB has considerably high proportion of women undergoing blood transfusion during birth admission for caesarean section delivery</p> <p>Implementation of the recommendations of the audit</p> <p>Correct the coding errors between New Zealand blood bank and WebPAS</p> <p>Consultation with Obstetricians to reinforce a restrictive transfusion strategy to reduce all inappropriate transfusions</p> <p>Develop a classification to record rationale for transfusion</p>	<p>Ministry of health releases Clinical indicators report every year. It is expected that with the interventions, numbers should improve in the next annual report.</p>	
<p>Healthy pregnancies Project</p>	<p>This project is about working with the local communities to build care capacity, capability and sustainability, as a foundation for service integration.</p> <p>Stage 1 - Locality planning and demand/need analysis</p> <p>Stage 2 - Model of care options</p> <p>Stage 3 - Detailing the preferred option</p>		

MESSAGE FROM THE CHAIR (MMAG)

The Midland Maternity Action Group was established in 2011, the group includes stakeholders from across the five Midland District Health Boards. The current membership of MMAG is:

- BOP DHB: Matthias Seidel (SMO rep.), Thabani Sibanda (SMO rep.), Marg Norris (Midwifery Leader), Karen Palmer (Senior Lactation Consultant; Chair, Breastfeeding/BFHI Sub-Group), and Sachit Gagneja (MQSP Programme Manager)
- Lakes DHB: Simon Ewen (O&G HOD), Sue Finch (Clinical Midwife Manager/ MQSP)
- Tairāwhiti DHB: William Weiderman (SMO rep.), Mary-Clare Reilly (Midwifery Leader/MQSP), Liz Lee-Taylor (Maternity Educator ex officio)
- Taranaki DHB: Anene Chukwujama (SMO rep.), Belinda Chapman (Assoc. Director of Midwifery/ MQSP), Sharon Howe (MQSP/Maternity Educator)
- Waikato DHB: Penelope Makepeace (Clinical Director - Obstetrics) - resigned part way through this term, Corli Roodt (Associate Director of Midwifery; MMAG Chair), Pip Wright (Maternity Educator; Chair, Maternity Educators, Clinical Midwife Managers, & Midwifery Leaders Sub-Group), Ruth Galvin (MQSP Project Manager; Chair, Midland MQSP Sub-Group)
- Director, Nursing/Midwifery rep.: Sue Hayward (Waikato DHB)
- Māori Health rep.: Jade Chase (Waikato DHB) – resigned part way through this term
- Public Health Service rep.: Louise Harvey (Toi Te Ora)
- Planning & Funding rep.: Becky Jenkins (GM Planning & Funding, Taranaki DHB), Jenny James (Portfolio Manager, Taranaki DHB)
- HealthShare Ltd: Suzanne Andrew (Project Manager)

The primary purpose of the group is to lead regional maternity activity, including the implementation of maternity actions on behalf of the Midland DHBs, with a focus on sustainable service delivery through quality improvement and workforce development activities. The outcome of this regional approach is to facilitate improved coordination and responsiveness of services for women and their families requiring maternity services, with a vision to improve equity of access and health outcomes for Midland communities.

MMAG's main focus over the past 12 months has been the development of a breastfeeding mobile phone application, BreastFedNZ. This project was supported by the findings of the NZ Institute of Rural Health's 'Midland Region Rural Maternity Services Consumer

Engagement Study' (June 2014) recommending that Midland maternity services look to develop a pregnancy phone app.

BreastFedNZ was launched in late August 2015 and offers free and timely information and support for consumers on iPhone and Android. The app is supported by a 'Breastfed NZ' Facebook page and a website www.breastfednz.co.nz, offering free print design files. Working with Midland Public Health and Population Health Services has enabled the incorporation of breastfeeding accredited spaces into the app's GPS activated map function. As at 30 May 2016, there have been over 4,600 app downloads, with positive feedback received from consumers, LMCs and maternity staff.

Other MMAG regional initiatives and collaboration has focused on:

- The development of the Midland Maternity Transfer and Repatriation Standards – improving communication and care of Midland women transferring to and from the Waikato tertiary service
- The Midland Safe Sleep Programme has had success in reducing SUDI rates; "...in the 12 months ending March 2016, Midland saw equal Post Perinatal Mortality rates for Maori and non-Maori. This is significant given the disparities of March 2002, and even March 2012." Stephanie Cowan, Director, Change for our Children
- The joint purchase of CO monitors and distribution across Midland to support smoke-free pregnancies
- The continued close working of Midland midwifery educators and lactation consultants has supported their practice.

MMAG looks forward to continuing its work and collectively facing the challenges associated in identifying opportunities to continue to provide sustainable quality maternity services to the Midland region.

**Corli Roodt, Associate Director of Midwifery, Waikato DHB
Chair, Midland Maternity Action Group**

OUTCOMES OF REGIONAL INITIATIVES 2015/16

Midland Maternity Action Group (MMAG) initiatives	Issues to be resolved	Expected outcomes for communities from the initiative
1. Workforce development and forecasting	<p>A focus is required to:</p> <ul style="list-style-type: none"> • support a sustainable rural maternity service to improve accessibility and equity of maternity services for Midland women, including breastfeeding support • understand the current workforce and the utilisation of the future workforce, eg regional passport/ePortfolio with transportability of certifications, leadership succession, and development • consider emergent health issues, eg gestational diabetes management, obesity, pre-term births, etc, and align a regional education plan to support the maternity workforce to meet the ongoing educational needs around complex care. 	<p>Intelligence:</p> <ol style="list-style-type: none"> 1. Design a strategy for a sustainable maternity workforce across the region, including rural and remote rural areas with the skills and knowledge required to meet the needs of women within the Midland population. 2. Ensure stronger engagement with workforce monitoring in conjunction with GMs HR to enable DHBs to understand maternity workforce issues, eg a pipeline supply, age, work, and preferences. Look at a regional passport with transportability of certifications. Succession planning. <p>Utilisation:</p> <ol style="list-style-type: none"> 1. Identify future maternity workforce requirements and develop plans to ensure ongoing, safe and appropriate maternity care provision in line with Safe Staffing Healthy Workplaces principles. 2. Explore options to develop Midland maternity education packages that can be delivered across the region by Maternity Educators, if required, eg Midland Emergency Practice Day. <p>Education:</p> <ol style="list-style-type: none"> 1. Consider emergent health issues to inform the development of a prioritised regional health education plan and support regional education where possible. 2. Maximise collaboration between Midland regional maternity educators, lactation consultants, clinical midwife managers, BFHI coordinators, MQSP coordinators, safe sleep champions. 3. Investigate the increasing use of Moodle as an electronic platform for e-learning modules to share education across the region. 4. Load Midland DHB education into a regional education calendar on www.healthshare.co.nz regional website for all maternity service providers, including LMCs and medical practitioners.
Midland Maternity Action Group (MMAG) initiatives	Issues to be resolved	Expected outcomes for communities from the initiative
2. Maternal mental health services	<p>What are the problems to be resolved?</p> <ul style="list-style-type: none"> • A coordinated pathway and accessible information is required to support a seamless referral process between Midland's community practitioners and secondary services to enable the right referral, to the right agency, at the right time, is accessible to women requiring maternal mental health services. 	<ul style="list-style-type: none"> • Map of Medicine Perinatal Mental Health (primary) Pathway developed with local content linked into this and accessible by LMCs in the Midland region. • Pre and Post Pregnancy Directories developed at each Midland DHB and linked to the Map of Medicine Perinatal Mental Health (primary) pathway under local district tabs. • Support better knowledge in the maternity sector of the perinatal mental health services available to women, eg conduct surveys with LMCs and GP practices pre and post intervention and engage consumers. • Support the linking of maternal mental health services into local MQSP governance boards. • Consider how best to inform women about access and treatment for maternal mental health services.
Midland Maternity Action Group (MMAG) initiatives	Issues to be resolved	Expected outcomes for communities from the initiative
3. 'Protective parenting': smoking, safe sleep,	<p>What are the problems to be resolved?</p> <p>MMAG needs to understand Midland DHBs</p>	<p>Smokefree pregnancy:</p> <ul style="list-style-type: none"> • Enable training around best practice to support attainment of quit smoking support indicator for pregnant

<p>breastfeeding, immunisation, family violence and never shake a baby</p>	<p>maternal smoking rates, SUDI rates, and the challenges to breastfeeding for women to drive down smoking exposed pregnancies, SUDI rate and early breastfeeding cessation rates. MMAG needs to support an increase in awareness of on time immunisation, the health impacts caused by family violence and harm caused by shaken baby syndrome for babies..</p> <p>MMAG aims:</p> <ul style="list-style-type: none"> • smokefree pregnancy - continue to reduce the rate of smoking in pregnancy • safe sleep - continue to support safe sleep practices • breastfeeding - continue to improve breastfeeding rates and that support is available for women when facing challenges with breastfeeding • immunisation – continue to increase on time immunisation rates for babies • family violence – continue to support education for family violence screening and universal screening of women receiving maternity care • never shake a baby – continue to support the shaken baby prevention programme in Midland. 	<p>Māori women within Midland (95% of in-patient hapū woman offered quit support).</p> <ul style="list-style-type: none"> • Pilot an initiative that incentivises smoking quit support uptake amongst pregnant women in Waikato. Evaluation used to inform regional roll-out/ learnings. • Partner and support the Midland Safe Sleep Programme facilitated by Te Puna Oranga Waikato DHB, Maori Health Service on behalf of Nga Toka Hauora (Midland Maori General Managers Forum), MMAG, and in partnership with Change For Our Children. • Networking and sharing of resources throughout the Midland region. <p>Safe sleep:</p> <ul style="list-style-type: none"> • Continue the implementation and auditing of the Midland Safe Infant Sleeping (Birth to 1 Year) Policy and Midland safe sleep programme to reduce Māori SUDI rates, in alignment with national indicator (<0.5 per 1,000 live Māori births) • Partner and support the Midland Safe Sleep Programme facilitated by Te Puna Oranga Waikato DHB, Maori Health Service on behalf of Nga Toka Hauora (Midland Maori General Managers Forum), and in partnership with Change For Our Children • Networking and sharing of resources throughout the Midland region. <p>Breastfeeding:</p> <ul style="list-style-type: none"> • Complete Mama Aroha breastfeeding training with key health practitioners inclusive of midwives, LMCs / Māori provider staff across Midland region. • Explore the development of IT tools, eg mobile phone applications and the use of the regional website to improve access to information for all parents, particularly Māori and vulnerable mothers re breastfeeding, safe sleep and smokefree pregnancy. • Networking and sharing of resources throughout the Midland region. <p>Immunisation:</p> <ul style="list-style-type: none"> • Networking and sharing of resources throughout the Midland region • Share education resources across the Midland region. <p>Family violence:</p> <ul style="list-style-type: none"> • Networking and sharing of resources throughout the Midland region • Share education resources across the Midland region. <p>Never shake a baby:</p> <ul style="list-style-type: none"> • Networking and sharing of resources throughout the Midland region • Share education resources across the Midland region.
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Project Manager's Update:

Smoke free pregnancy

- CO monitors purchased by MMAG and delivered to the Midland DHBs, based on number of pregnant women who smoke in each district, to support smoke free pregnancies. An educational

and training video is being developed by Waikato and shared with Midland to support staff and LMCs to discuss the benefits of smoke free pregnancies with women

- Presentation of the Smoke Free Pregnancy Tupeka Kore Framework (a Waikato MQSP initiative) to MMAG by Dr Nina Scott (Te Puna Oranga Public Health Physician) – MMAG has incorporated this framework into its 16-17 work plan
- Smoking when breastfeeding information provided in *BreastFedNZ* app and website, including links to seven smoking cessation and dependency support agencies. These links mirror the Well Child app links.

Safe sleep

- Midland safe sleep e-learning module available across Midland and aligns with the Midland Safe Infant Sleeping (Birth to 1 Year) Protocol – approved in 2014 and due for review in 2017.
- Education around safe sleep practices has been incorporated into *BreastFedNZ* app.

Breastfeeding

Mobile phone app *BreastFedNZ* developed and launched:

Key milestones:

- Phase 1 – app content (ch.1, 2 & 3) launched 31 August 2015 (Apple and android platforms)
- Phase 2 – app. content (ch.4, 5 & 6) launched 31 October 2015 (Apple and android platforms)
- Phase 3 – implementation and ongoing roll out across Midland maternity services, Well Child/Tamariki Ora providers (Windows platform via app website).
- Website and Facebook page launched to support app implementation (www.breastfednz.co.nz and 'Breastfed NZ' Facebook page) – one FB post was shared 14 times – linking better with midwifery practices, support groups, and consumers
- Supporting promotional print material developed (wallet cards, DLE flyers, A5, A4, A3 and A2 posters developed, including Te Reo – free design files available on website)
- Over 250 breastfeeding accredited spaces uploaded on app's GPS activated map (Bay of Plenty, Lakes, and Taranaki spaces – Waikato and Tairāwhiti still to be loaded)
- Five media releases issued, resulting in National Radio interview with Lead Content Developer, Karen Palmer; Tainui Radio interview in te reo with BOPDHB Maori Health Planning & Funding Portfolio Manager; newspaper and magazine articles, presentations given locally and nationally.
- **4,600+ app downloads** as at 31 May 2016
- App content used as a breastfeeding education tool for maternity, LMC and WCTO staff training – content provided on DVD to support breastfeeding education
- Print runs of wallet cards, Well Child book stickers, flyers and posters has been funded by MMAG for maternity services and Well Child services
- Links to external resources and support incorporated into the app and website, including Find Your Midwife, MoH, LLL, WellChild app, Raising Children app, smoking cessation, mental health, etc
- Formalised linking with the MoH's 'Breastfeedingnz' Facebook page, with monthly promoting of the app as a free resource for women
- The MoH's information on 'feeding your baby in an emergency' added as a separate tab to *BreastFedNZ*
- Opportunities to incorporate pregnancy focused messaging eg Taranaki's resource '5 things to do within the first 10 weeks' of pregnancy; adding Well Child and Tamariki Ora provider information, and antenatal pregnancy education and parenting support provider information
- *BreastFedNZ* is now available for Windows platform phones at www.breastfednz.co.nz/app.

Other breastfeeding activities

- MMAG facilitated three Mama Aroha Breastfeeding Talk Card workshops in the BOP district, with over 100 Well Child Tamariki Ora providers, Plunket staff, Midwives, Lead Maternity Carers, Child Birth Educators, Public Health staff attending. These workshops were held to support the implementation of the MoH's national funding of Mama Aroha resources to health care providers.
- Midland is working on updating a postnatal breastfeeding poster for maternity facilities, incorporating the app and updating photos.
- A Midland Use of Donor Breastmilk Protocol is being drafted by MMAG

Immunisation

- Immunisation messages for mamas to be developed by the Māori Immunisation Facilitator – Midland, and uploaded to the app – June 2016

Family violence

- Links to Women’s Refuge, power to protect, and emergency services added to Useful Links on *BreastFedNZ* website

Infant and child health messages

- A ‘Midland healthy pregnancies – healthy families’ DVD resource has been collated and circulated to Midland DHBs. The content includes national and regional short film resources, eg never shake a baby, and links to Midland developed resources eg the *BreastFedNZ* app and the Child Health Action Group’s skin conditions work.

Midland Maternity Action Group (MMAG) initiatives	Issues to be resolved	Expected outcomes for communities from the initiative
4. Pregnancy and parenting programmes	<p>What are the problems to be resolved?</p> <ul style="list-style-type: none"> • Improved access to pregnancy and parenting education/classes is required, particularly for rural and Māori pregnant women, with the aim to increase the number of vulnerable pregnant women who enrol in pregnancy and parenting/antenatal classes, especially in rural and high deprivation areas. • Midland DHB planning and funding divisions are engaged with MMAG to support the implementation of the pregnancy and parenting service specifications at a local level. • regular information and data (including ethnicity breakdown) on the utilisation of Midland’s pregnancy and parenting/antenatal education/classes is required by MMAG from the Midland DHB planning and funding divisions • Māori and Pacific fair the poorest in terms of maternal and infant health outcomes, therefore an investment toward developing a curriculum for Māori has yet to be realised. 	<ul style="list-style-type: none"> • Engage with Midland DHB planning and funding divisions to support improved access and uptake of pregnancy and parenting education/classes, particularly for rural Māori pregnant women. • Collect and analyse data, including ethnicity breakdown, from Midland DHB planning and funding divisions on the utilisation of Midland’s pregnancy and parenting/antenatal education/classes. • Support and partner with Te Puna Oranga Waikato DHB, Maori Health Service on behalf of Nga Toka Hauora (Midland Māori General Managers Forum) with TPO’s proposal to develop and produce a Hapu Wananga Curriculum & Toolkit for the Midland region. The intent of the curriculum and toolkit is to grow the number and breadth of culturally appropriate pregnancy and parenting programmes in the Midland region that can be used in both rural and urban settings. • Support the development of the Hapu Wananga curriculum and toolkit content design.

Project Manager’s Update:

- Additional Mama Aroha breastfeeding resources purchased for Lakes DHB and also for inclusion in the Hapu Wananga Curriculum & Toolkit being developed by Te Puna Oranga Waikato DHB Maori Health Service on behalf of Nga Toka Hauora (Midland Maori General Managers Forum)
- MMAG supports the development of this curriculum and toolkit and looks forward to receiving a presentation from Te Puna Oranga team after it has been formally presented to the national GMs Maori Health forum
- Discussed the opportunity with BOPDHB Planning & Funding and GM Maori Health Planning & Funding to incorporate antenatal pregnancy education and parenting support provider information in *BreastFedNZ* and also Well Child and Tamariki Ora provider information. Plunket rooms are currently incorporated into the ‘baby care spaces’ tab of the app (BOP, Lakes and Taranaki).

