Southern District Health Board
Piki Te Ora

Southern Maternity Quality and Safety

Annual Report 2017

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Working together to improve outcomes for new families

We are pleased to report on the achievements of Southern's Maternity Quality & Safety Programme (MQSP) in 2017.

The MQSP provides a forum for maternity stakeholders throughout the Southern system to collaborate in identifying opportunities to improve the maternity system for women and babies in our District.

MQSP monitors maternity outcomes, identifies priorities for improvement, takes action to improve services, promotes best practice, and amplifies the voices of services users so that services provided meet the needs of Southern's population.

Jane Wilson, Chair
MQSP Governance Group
Chief Nursing and Midwifery Officer

Southern District Health Board 2017

Southern has been undergoing significant transformation to become a clinically and financially sustainable organisation that is supported by its wider community. The CEO and Commissioners are committed to:

- Robust quality of clinical activity
- Equitable access to services across the district
- Workforce aligned to demand, and fit for purpose
- Community understanding and acceptance of the health and disability services
- Financial position of living within our means

Southern Future
It's up to us

Our shared values and behaviours

As part of Southern Future, more than 3,500 patients and colleagues developed these values and behaviours. They describe how we expect everyone who works here to behave with others - patients, whānau, colleagues, providers and other organisations. They apply to all of us, in every role or level.

Our values	What we want to see from each other, at our best...	What we never want to see from each other...
Kind Manaakitanga		
Looking after our people: we respect and support each other. Our hospitality and kindness foster better care.	• Puts people at the centre of their care • Is attentive, helpful, caring, supportive • Treats people with respect • Protects people's dignity and privacy, and helps to reduce pain • Is reassuringly professional • Puts people at ease	• Thinks they know better for others • Makes people feel like an inconvenience • Shows no compassion for anxiety, stress or pain • Is abrupt, rude, bullying or judgmental of others
Open Pono		
Being sincere: we listen, hear and communicate openly and honestly. Treat people how they would like to be treated.	• Listens and hears, with understanding and empathy • Involves people in choices • Communicates clearly and openly • Keeps people informed, so they know what's happening • Displays honesty and integrity • Speaks up if they have a concern; accepts feedback; keeps people safe	• Talks over other people, makes assumptions, fobs people off • Ignores or excludes other people, whānau or teams • Leaves people in the dark, or feeling confused • Walks by poor care or behaviour, rejects feedback
Positive Whaiwhakaaro		
Best action: we are thoughtful, bring a positive attitude and are always looking to do things better.	• Is positive, friendly, approachable, and smiles when appropriate • Always looks to improve, and has a 'can do' attitude • Aims for excellence, high quality, and the best outcomes • Is appreciative and encouraging	• Negativity, blames other people, excessive grumpiness • Has a 'can't do' attitude, and acts as a barrier to change • Is satisfied with under-performance or poor quality • Belittles or criticises others' efforts
Community Whanaungatanga		
As family: we are genuine, nurture and maintain relationships to promote and build on all the strengths in our community.	• Is culturally sensitive, respects others • Connects people, teams, providers and communities • Trusts people and is trustworthy • Works in partnership, collaborates well • Values other people's time, aims to be efficient and productive • Values people, builds relationships	• Shows little consideration of cultural needs • Works in a silo, is inward-looking • Dismissive of other people's skills, experience, or ideas; micro-manages • Dismisses the value of other people's time, is late, makes people feel rushed or comes across as "too busy"

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Southern's Maternity Clinical Governance

Ensuring Southern's maternity care is woman-centred, effective, equitable, and improving

Review of unexpected outcomes (M&M, adverse events, complaints)	Quality improvement activity	Workforce planning	Health disparities measured and reduced	Consumer participation and feedback	Monitoring of Quality of Care (clinical audit, policies & guidelines, IPC)	Outcomes reviewed

Southland Clinical Governance – identify priorities & take action

Otago Clinical Governance – identify priorities & take action

Maternity Quality & Safety Programme Governance reports to Clinical Council, Community Council, Ministry of Health

Kind Manaakitanga	Open Pono	Positive Whaiwhakaaro	Community Whanaungatanga

Southern MQSP Governance Group 2017 Members

Executive Sponsor: Leanne Samuel, Chief Nursing and Midwifery Officer

Marion Poore, CHAIR, Public Health Physician

Catkin Bartlett, Consumer Representative, Breastfeeding Peer Support Programme Administrator

Sumaria Beaton, Murihiku Runaka

Ria Brodie, Araiteuru Runaka

Pania Coote, Executive Director, Māori Health Directorate, SDHB

Kumud Dunn, GP, Medical Liaison WellSouth PHO

Wendy Findlay, Nursing Director, WellSouth PHO

Sian Hannagan, Consumer Representative, Trustee Homebirth Aotearoa

Jenny Humphries, Director of Midwifery

Jana Morgan, SMO Obstetrics Otago

Sue O'Brien, Quality Manager, Charlotte Jean Maternity Hospital

Nicky Pealing, NZCOM Southland representative, LMC midwife and facility midwife

Julie Robinson, NZCOM Otago representative, Midwifery Educator

Fiona Thomson, Charge Midwife Manager Queen Mary

Maria Van Der Plas, Area Manager, Plunket

Anna Walls, Consumer Representative, Midwifery Standards Reviewer

Morgan Weathington, NZCOM Central Otago, LMC Midwife

Meggan Zsemlye, SMO Obstetrics Southland

Secretariat: Heather LaDell, MQSP Coordinator

Iwi Representatives

After consultation with Iwi Governance, two Iwi Representatives were nominated to the MQSP Governance Group. Ria and Sumaria joined August 2017 and have added great value and partnership.

Ria Brodie, Otakou Runaka

Aoraki Matatū
Tītī a Kai
Tītī a Manawa

My name is Ria Brodie and I am the Otakou rūnaka representative on the MQSP I have three sons and three mokopuna. I strongly support Kaupapa Māori Service delivery and recognise that both The Treaty of Waitangi and He Korowai Oranga are essential to enabling whanau to meet their goals and aspirations and Takata Whenua to lead out on Māori health.

Sumaria Beaton, Murihiku Runaka

I'm passionate about maternity care, ever since the birth of my 11 year old, I was encouraged by my mum to stay at the Winton maternity home for a week. This gave me good insight into maternity care. My whanau are involved in the social service sector and talk about the importance of the first few years of baby's life and how important maternity care is for our young mums. If the service is by Maori for Maori even better. It takes a village to raise a child, this is how my kids are raised. I have recently gone through the birthing process, giving birth to my daughter this year has allowed me to share my experience first-hand with the group.

2017 Maternity Quality highlights

- Southern's MQSP rating improved:"Establishing"
- New page on Southern website for updates, maternity outcomes and resources https://www.southerndhb.govt.nz/pages/maternity/
- Review of local and national outcomes informed annual planning
- Consumer representatives supported to attend national MQSP Consumers Forum
- MQSP provided input including consumer and LMC midwifery into Primary Maternity Report
- Worked with Green Rx and Smoke Cessation providers to increase engagement with LMCs
- Improved antental referral pathway to better recognise women who qualify for a transfer of clinical responsibility to a specialist
- Southland Maternity developed and implemented Vaginal Breech Birth protocol
- New multidisciplinary team meetings and case review monthly fora introduced
- Severe perineal harm reduced
- Delays in urgent transport reduced

MQSP Annual Plan 2016-2017 progress

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Priorities	Achieved	Next Steps
Aim 1: Maternity providers, clinicians and consumers have improved access to information about maternity quality improvement activities/resources	Maternity Quality webpage with maternity outcomes & annual report information Maternity Quality newsletter with clinical update information for the maternity provider sector Some LMC midwives and primary maternity facilities have remote access to Southern DHB intranet	**Communication with women, families and communities about their options for maternity care including place of birth and choosing a midwife** **ALL LMC midwives and primary maternity facilities have remote access to Southern DHB intranet**
Aim 2: Maternity data systems are consistent and comprehensive	Initiated regular reports on key quality indicators for maternity. Worked with coding to identify areas for improved accuracy. Midwifery Director reviewed options for new/upgraded maternity data system in Southland and Dunedin	**Maternity+ maternity data system upgrade in progress in Queen Mary** **Awaiting progress on MCIS**
Aim 3: Local and national maternity data informs quality improvement activities	MQSP Implementation Plan reflects maternity outcome priorities MQSP Annual Report 2016 submitted to MOH June 2016, accepted with acknowledgement of progress of our MQSP programme from "emerging" to "established" MQSP Governance Group regularly reviews outcomes from secondary and primary maternity facilities MQSP Coordinator provides analysis of national outcome data for Governance Group, opportunities for improvement identified	**Quarterly dashboards created and distributed widely to maternity stakeholders (2018)**

MQSP Annual Plan 2016-2017 progress

Priorities	Achieved	Next Steps
Aim 4: Fewer women experience severe perineal harm during childbirth	Practice change programmed implemented, resulted in reduction of harm from 4.3% of women birthing vaginally sustaining a severe perineal tear in 2015 to 3.5% in 2017.	**Develop a practice change programme to reduce severe perineal harm in assisted births.**
Aim 5: Early elective birth only occurs when clinically indicated, according to best practice guidelines	Clinical audits of caesarean sections prior to 39 weeks carried out in Southland and Queen Mary. Results showed that caesarean sections prior to 39 weeks were clinically indicated, but there was inconsistent documentation of women's gestation. Booking form for elective caesarean section changed to include gestation, and reason for timing if gestation < 39 weeks.	**Repeat audit**
Aim 6: Induction of labour only occurs when clinically indicated according to best practice guidelines	Clinical audits carried out in Southland Maternity and Queen Mary, presented to MQSP Governance Group. Identified that close to 50% of women were induced prior to 39 weeks, most for indication of gestational diabetes. Provided feedback to clinicians, and booking form for induction of labour changed to include gestation and reason for timing if gestation < 39 weeks.	**Repeat audit**

MQSP Annual Plan 2016-2017 progress

Priorities	Achieved	Next Steps
Aim 7: Women receive the advice and care they need in early pregnancy	Quality in Early Pregnancy education session developed in partnership with WellSouth PHO for general practitioners and practice nurses to promote comprehensive first assessment, connecting women with a midwife early, and community resources (GreenRx, Smokefree incentives, breastfeeding peer support programme).	**Education sessions carried out in 2018.**
Aim 8: Consultation with Māori drives culturally responsive maternity services that reduce maternity-related health discrepancies.	Maori Health Directorate representative on MQSP Governance Group 2 Iwi representatives added to MQSP Governance Group Equity priorities identified for Annual Plan	**Develop workforce plan to increase number of Māori midwives and maternity providers**
Aim 9: Support whānau to reach their breastfeeding goals and give tamariki a healthy start to life.	Partnered with Maori Health Directorate to consult key stakeholders including kaupapa Māori providers and midwives. Key themes identified: • Whānau approach rather than just focused on individual woman • Imbed breastfeeding within broader healthy pregnancy and parenting education • Kaupapa Māori approach preferred Examples of excellence identified.	**Develop breastfeeding promotion strategy for improving support to Māori women and whanau to initiate and sustain breastfeeding**

MQSP Annual Plan 2016-2017 progress

Priorities	Achieved	Next Steps
Aim 10: Breastfeeding promotion is culturally responsive and supports women and families to reach their breastfeeding goals	• Met with key breastfeeding promotion allies within Muslim and Arabic-speaking communities in Dunedin to discuss challenges and opportunities • Gained support of Otago Muslim Association for breastfeeding promotion • Linked former refugee health navigator service with interested midwives to ensure smooth link into midwifery care	
Aim 11: Birthing women and families have increased opportunity to provide feedback into the planning and provision of maternity services	• Three consumer representatives on MQSP Governance Group • Two iwi representatives on MQSP Governance Group • Iwi and Consumer representative hui held to discuss effective ways of working in partnership • Two consumers supported to attend MQSP National Consumers Forum	**Improve rate of feedback from maternity facilities by implementing tablet-based feedback (done 2018)** **Link MQSP consumers with Southern's Community Council (done 2018)** **Develop framework for community feedback on planning of maternity services, policies and guidelines, and complaint/feedback processes**

MQSP Annual Plan 2016-2017 progress

Priorities	Achieved	Next Steps
Aim 12: Primary maternity providers, including LMC midwives, have increased engagement with quality improvement activities	• Three NZCOM representatives (including 2 LMCs) on Governance Group • Medical and Nursing representatives from primary care on Governance Group • Midwifery practice issues days offered bi-monthly from Dunedin with VC access available – have discussed Maternal Mental Health, Waterbirth, Second Midwife Role at birth. Good feedback and participation • Multidisciplinary case review initiated in Dunedin, co-led by LMC midwife, with VC access, positive feedback from LMC midwives • Increased VC access for other quality activities such as PMMR meetings (Southland), Midwifery Practice Issues etc. • Multidisciplinary maternity team meetings initiated in Southland bi-monthly with quality issues discussed • PROMPT Train the Trainer Day held in Southland • PROMPT held in Lakes District Hospital	**Primary Maternity liaison role at Southern DHB (2018)**

MQSP Annual Plan 2016-2017 progress

Priorities	Achieved	Next Steps
Aim 13: Defined pathways for review of serious events and outcomes leads to systems and/or practice improvement	• MQSP Governance Group reviewed learnings from PMMR at year-end • Multidisciplinary team meetings in Southland provide forum for improved communication and resolution of issues • Urgent maternity transports A3 project improved communication and reduced delays	**Identify consistent pathways for debrief and conflict resolution throughout the District**
Aim 14: Increased provision of maternity services closer to home	• Primary maternity sector consultation occurred and report with recommendations submitted to Commissioner (Plan issued 2018). • Obstetric Telemedicine commenced from both Dunedin and Southland, reducing the need for women to travel to get obstetric advice when advice does not rely on physical assessment.	**Provide information to women and families about place of birth decisions and promoting primary maternity settings for healthy well women** **Hold Primary Maternity Facility Hui** **Consideration of primary maternity unit within new Dunedin Hospital design**

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Maternity Quality Improvement Projects

Fewer birthing women experience severe perineal harm

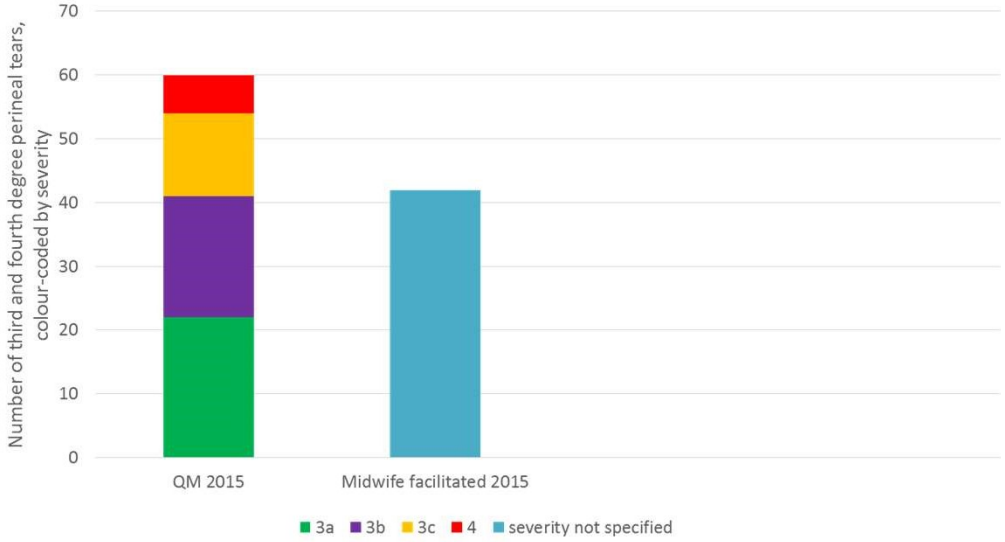
Fewer delays in emergency maternity transfers from rural areas

Midwifery care to reduce severe perineal tears

Third and fourth degree tears are rare but serious complications of vaginal birth.

In 2014 Southern DHB had the highest level of third and fourth degree tears with no episiotomy for first time mothers among of all DHBs (Ministry of Health, 2015).

Audit of 2015 local data showed 70% of severe tears occurred during normal vaginal births.



Implementation:

- Developed evidence-informed practice recommendations
- Co-designed hands-on education session approved by Midwifery Council
- Delivered workshops across the District to core and LMC midwives
- Initiated multi-disciplinary case review sessions in Southland and Otago to discuss monthly cases of severe perineal harm
- Included one-hour mini-session as part of mandatory midwifery education at Queen Mary

Evidence-based practice recommendations

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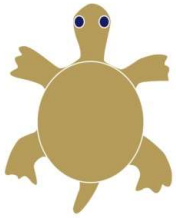
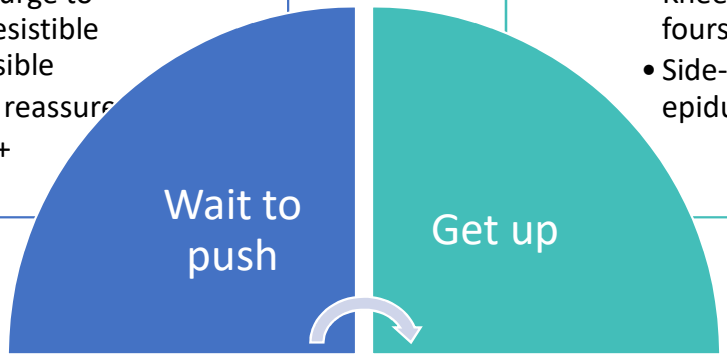


- Wait until urge to push is irresistible or head visible
- Breathe & reassure
- 1-2 hours +



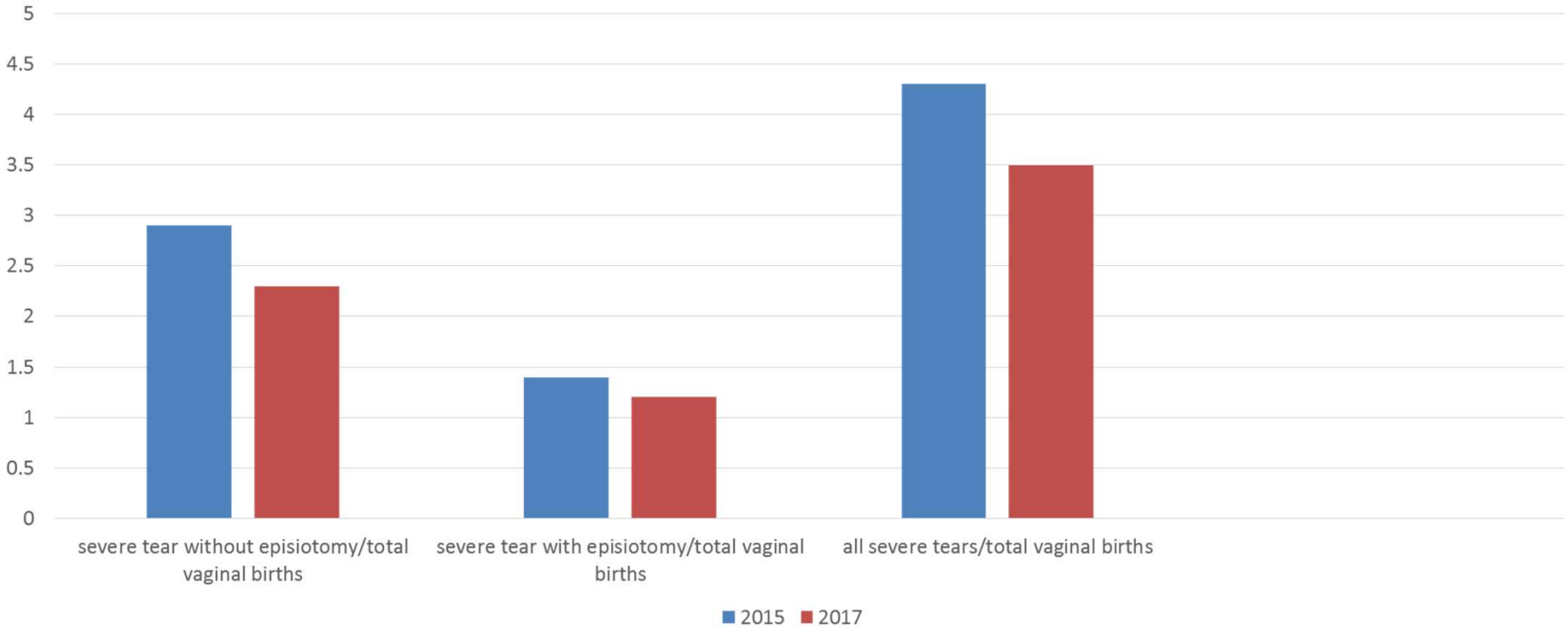
- Kneeling, all fours, standing
- Side-lying for epidural

- Hot compress
- Counter-pressure

- Hands-on
- Support baby's head and body
- If epis, 60 deg

Kind Manaakitanga	Open Pono	Positive Whaiwhakaaro	Community Whanaungatanga

Results: Severe tears during vaginal birth in the Southern District reduced from 4.3% in 2015 to 3.5% in 2017



Reducing delays in urgent maternity transport from rural areas

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A review of all urgent maternity transports Oct – Dec 2016 showed 50% of urgent maternity transfers from remote rural areas involved a delay in allocation of transport of more than 90 minutes. The majority of these delays were from Central/Lakes/Wanaka and Oamaru.

A multi-disciplinary working party including St Johns and rural midwives identified underlying issues and proposed solutions.

Following implementation, delays in transfers were reduced to < 10%.

Implementation:

- Emergency transfer principles agreed and communicated to all stakeholders
- All urgent transfers from primary maternity locations confirmed as primary missions
- Simplified emergency transfer algorithm developed and agreed
- Review every emergency transfer looking for opportunities for improvement.

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Southern Maternity Clinical Indicator Results

NZ Maternity Clinical Indicators

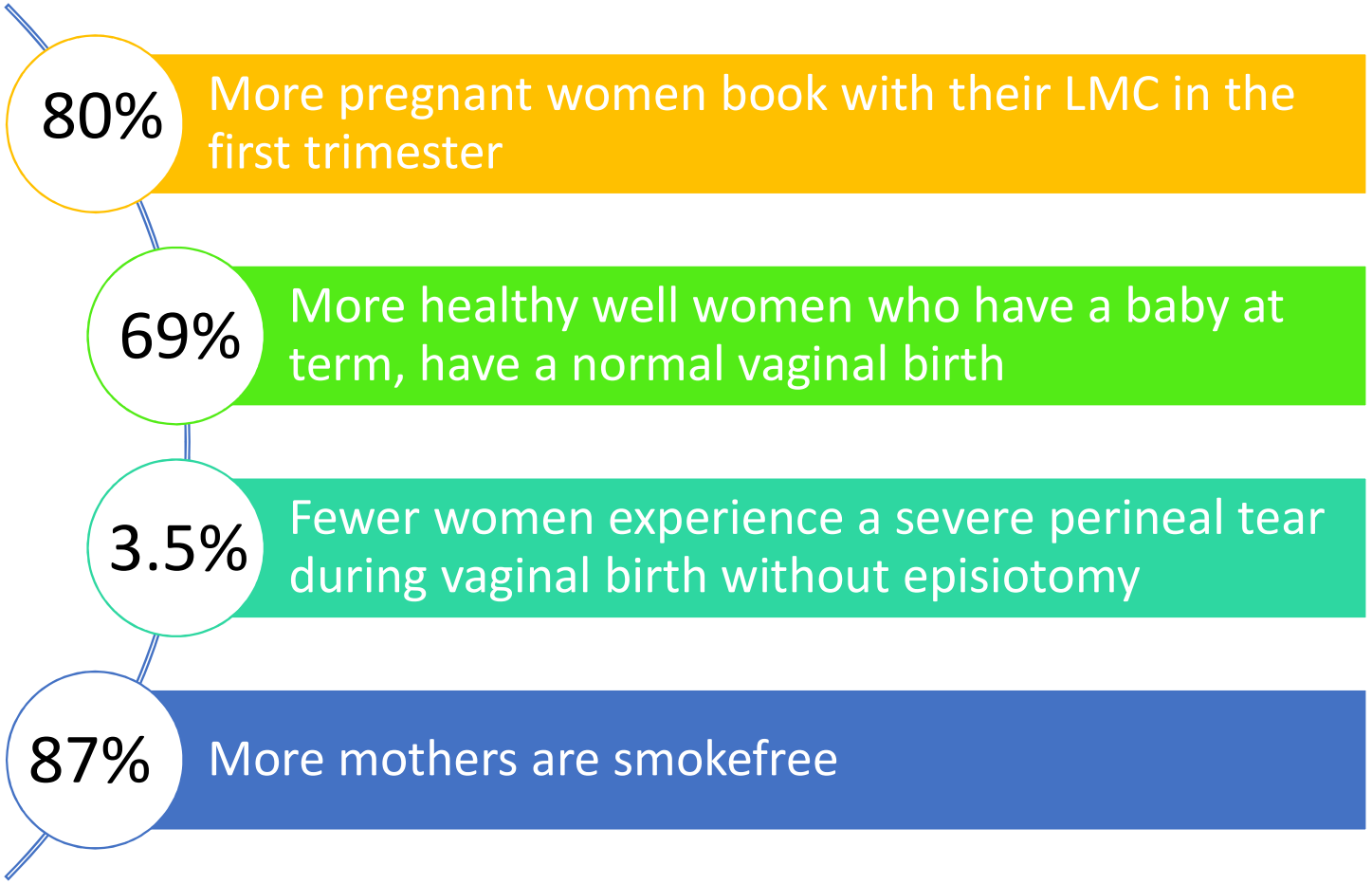
(www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2016)

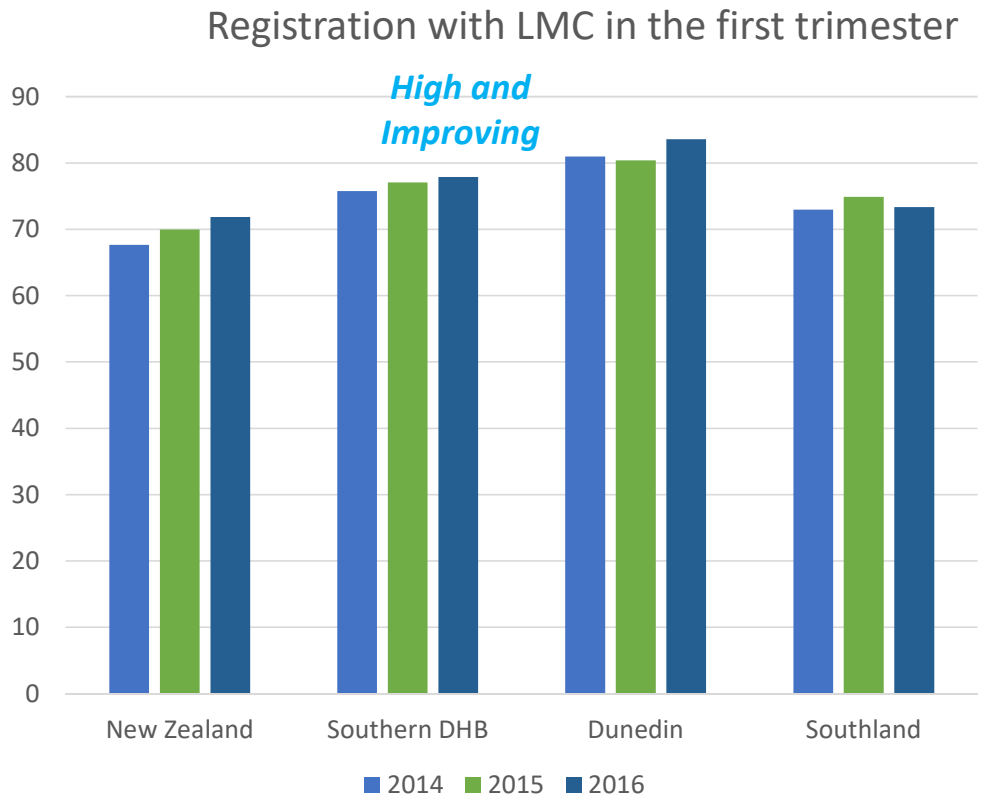
Southern DHB results improving

The Maternity Clinical Indicators are produced annually by the Ministry of Health. They compare outcomes for mothers and babies across facilities and District Health Boards.

The wellbeing of mothers and babies is at the heart of Southern's maternity service. We work with consumers, iwi, and maternity care providers across the region, to monitor and improve the maternity system of care. These outcomes reflect hard work through challenging times.

Southern's full Clinical Indicator results are in Appendix A





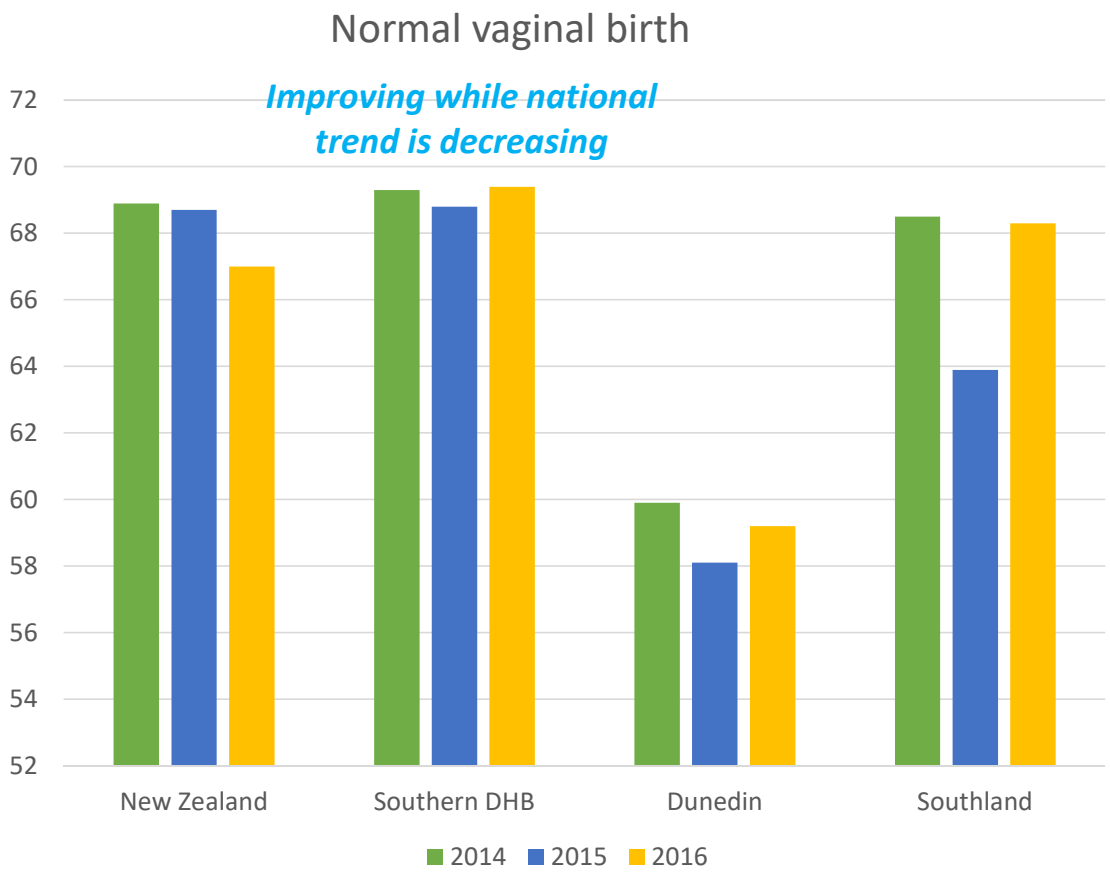
Register with a midwife by 10-12 weeks to improve wellbeing

Evidence shows early registration is correlated with better maternal outcomes – NICE 2008, NMMG

- Mother more satisfied with her maternity experience
- Baby more likely to be born at a healthier weight
- Baby more likely to be born at the right time
- Baby less likely to die from Sudden Unexpected Death in Infancy (SUDI)

Early registration helps to establish a supportive relationship and is especially helpful for:

- Support with medical conditions
- Support for making health changes
- Extra social support

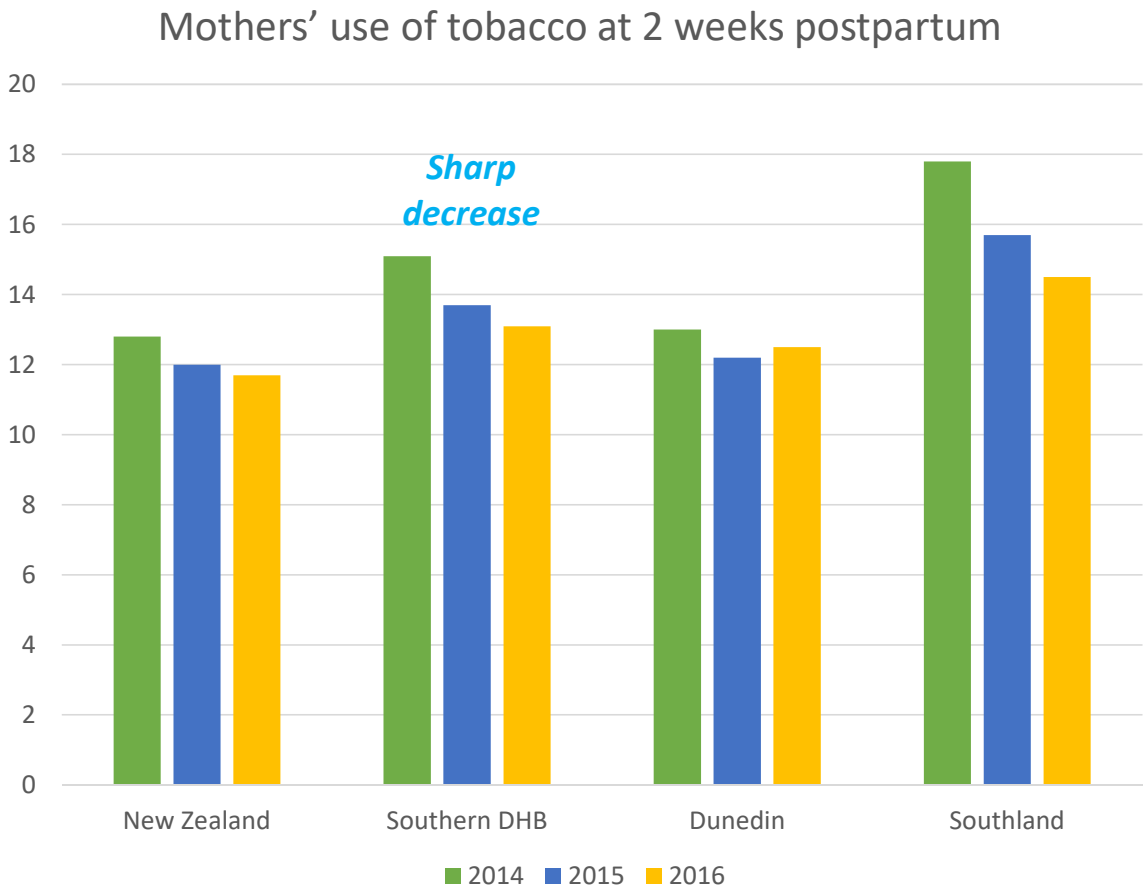


Well women's place of birth influences their chance of having a normal birth

Healthy women having a well pregnancy with their first baby are a low risk population. This indicator compares outcomes for this healthy cohort depending on the setting for their birth.

More Southern women (15%) choose to birth in primary maternity settings than in other DHBs, with a corresponding higher proportion of normal births.

Well women who birth outside of a hospital setting are more likely to experience a normal vaginal birth.

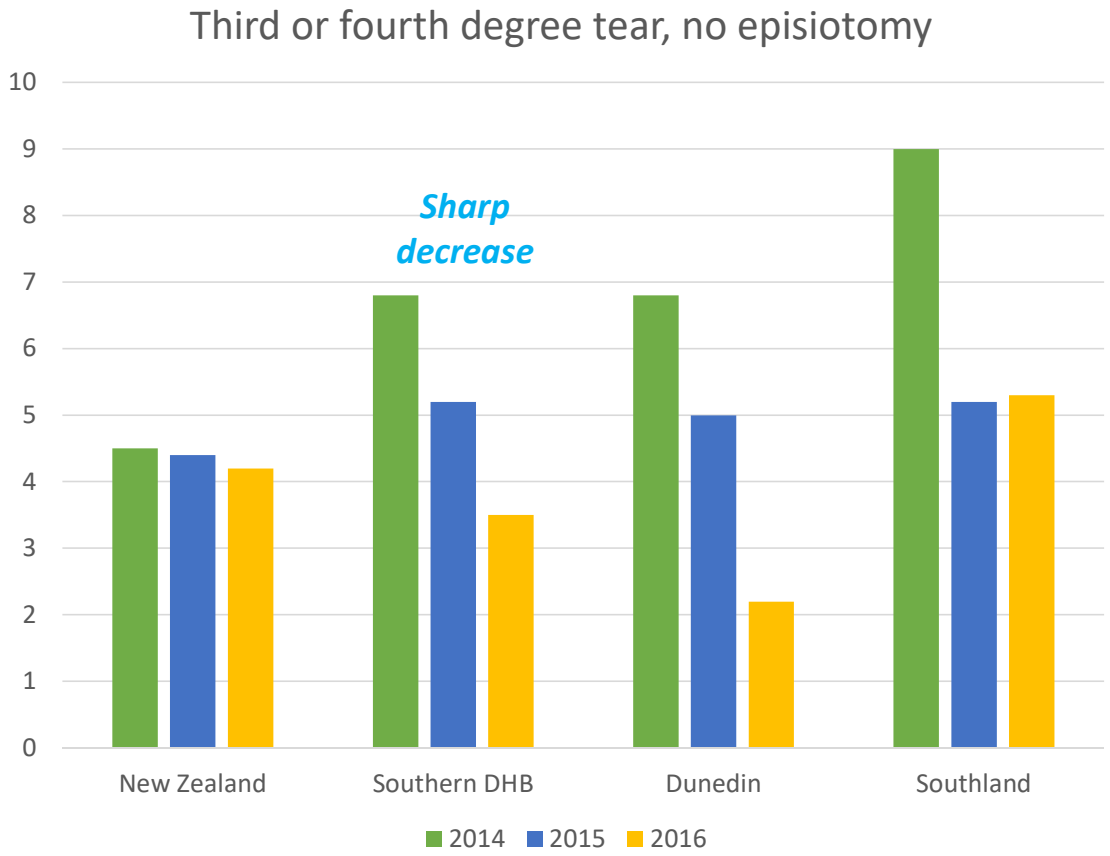


Mothers becoming smokefree

Becoming smokefree in pregnancy and postnatally decreases risks to mothers and babies.

Becoming smokefree decreases mothers' risk of preterm birth, placental abruption, low birth weight, neonatal mortality, SUDI, and long-term respiratory problems.

Maternity providers work with Southern Stop Smoking Service (Nga Kete Matauranga Pounamu Trust) to provide high-quality and effective support for smokefree whanau.



Decreased severe perineal damage during childbirth

Severe tears in childbirth are uncommon but can have a significant impact on women. This Indicator compares severe tears rates in childbirth for healthy women having their first babies.

Southern's Clinical Indicator result in this area was significantly higher than average in 2014. Quality improvement work commenced in 2016 including best practice recommendations.

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Hospital-based Maternity Service

Queen Mary, Dunedin
Southland Maternity, Invercargill

Kind Manaakitanga	Open Pono	Positive Whaiwhakaaro	Community Whanaungatanga

Giving birth in Queen Mary and Southland Maternity

2,927 women gave birth in one of Southern's two base hospitals in 2017 (approximately 85% of all births in the District).

The two base hospitals provide specialist care for women and babies (obstetric and neonatal services) as well as providing midwife-led care for healthy well women.

The multidisciplinary maternity team includes community midwives, staff midwives, lactation consultants, healthcare assistants, kaiawhina, mental health workers, social workers, chaplains, obstetricians, paediatricians, anaesthetists and anaesthetic technicians, theatre nurses, physiotherapists, cleaners, and the reception team.

Focus on: Smokefree Mothers

Nga Kete Matauranga Trust's Southern Stop Smoking Service brought smokefree clinics to Southland Maternity and Queen Mary Maternity to help more mothers become smokefree and support staff with smokefree messages.

Nga Kete's Deli Diack supporting Nicole to become smokefree

Quality at Queen Mary Maternity

Our Vision

To provide safe, responsive, intuitive maternity care, in comfortable spaces for women and their whānau, by our valued team, specialized in their unique crafts

2017 Achievements

- Installed a new birthing pool
- Following a review of services, a new peri-operative nursing service was initiated in obstetric theatre
- Post Anaesthetic Care room opened to support delivery of safe care on the maternity ward
- Certification auditors complimented Queen Mary on a positive team culture, strength of leadership, and staff and consumer feedback
- Achieved BFHI accreditation

Women's feedback Queen Mary

97% of women reported being "very satisfied" or "satisfied" with their stay at Queen Mary Maternity Centre.

In 2017, the response rates varied month to month from 10% to 23%. (Queen Mary has subsequently initiated a tablet based survey with greatly improved response rate).

Themes of improvements needed included:

More/better food (larger portions now implemented and food always available in the "Mother's Nest")

Noisiness, especially at night (plexiglass installed to reduce noise from midwifery workstation in 2019)

Wanting single rooms in postnatal ward (part of New Hospital redesign)

Compliments

Professional, supportive

Careful, Respectful

Friendly, Kind

Listened, Cared

"Made me feel so comfortable"

"We felt in control of our birth"

"Happy environment in surgery"

Hospital-based Maternity Service Birth Outcomes

Queen Mary, Dunedin

Southland Maternity, Invercargill

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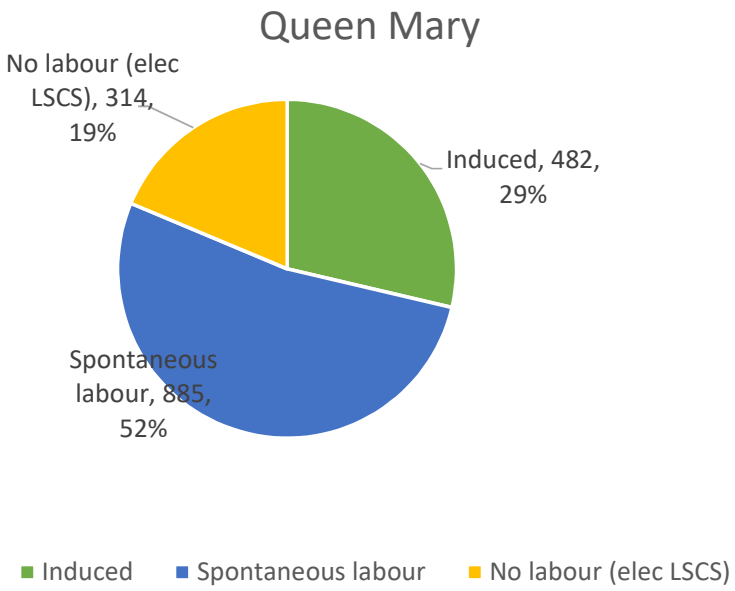
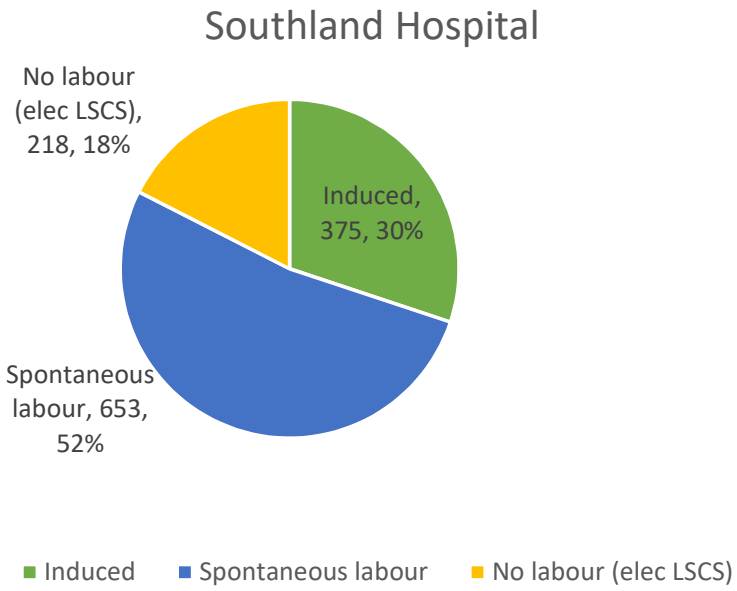
Kind Manaakitanga	Open Pono	Positive Whaiwhakaaro	Community Whanaungatanga

How labour starts: on its own, using medicine, or no labour (caesarean section)

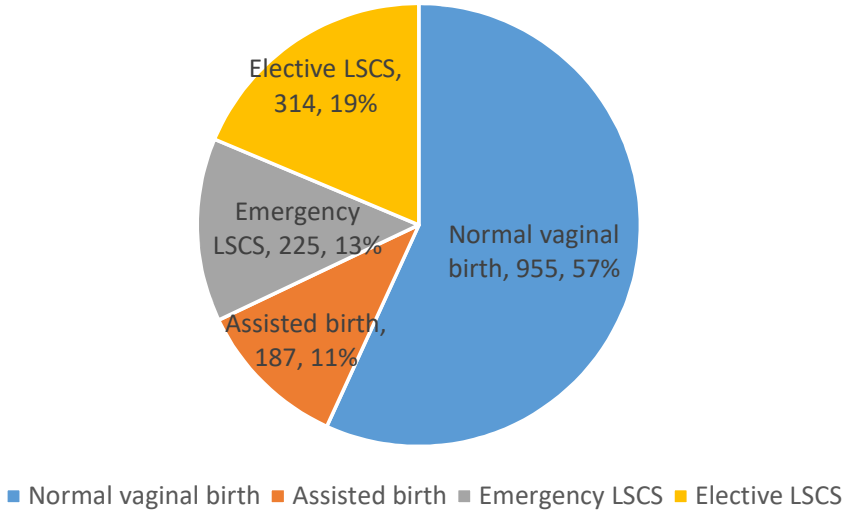




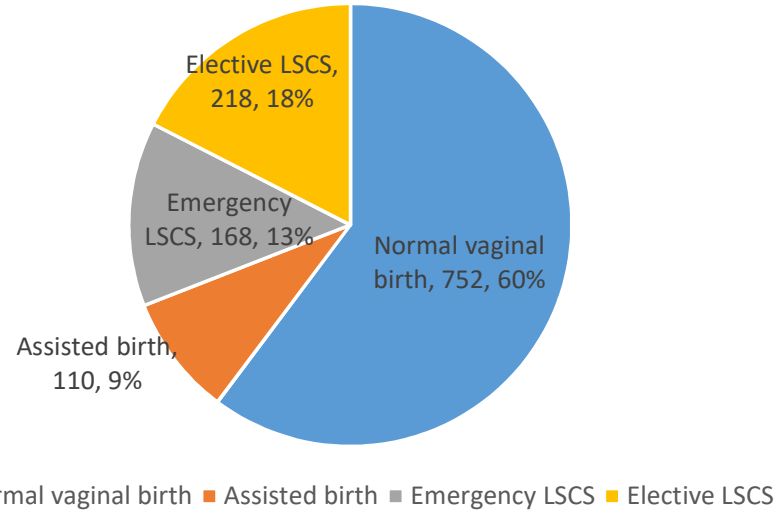
How women gave birth

Normal vaginal birth, with assistance using forceps or ventouse, caesarean section in labour, or planned caesarean section

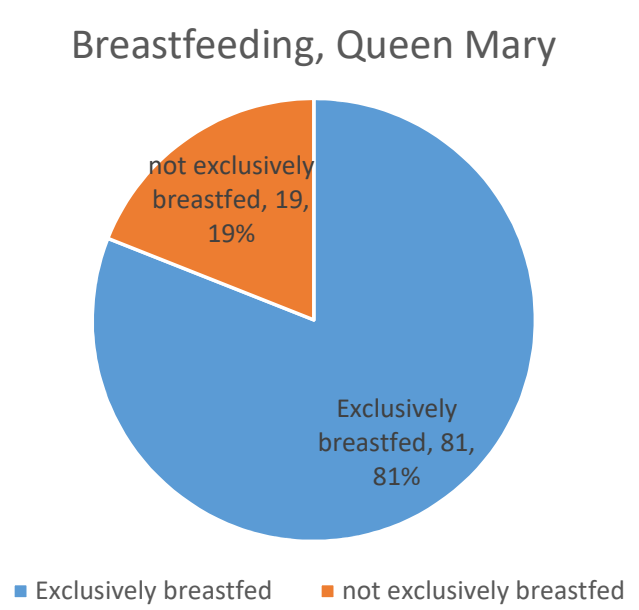
Mode of birth, Queen Mary

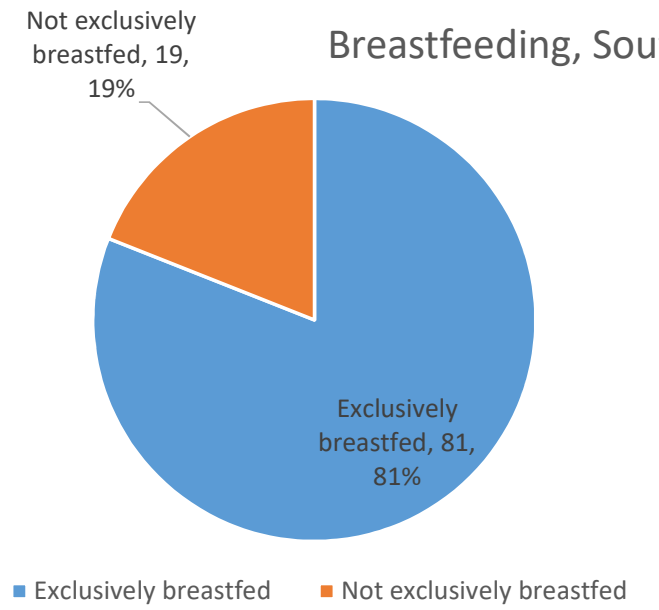


Mode of birth, Southland

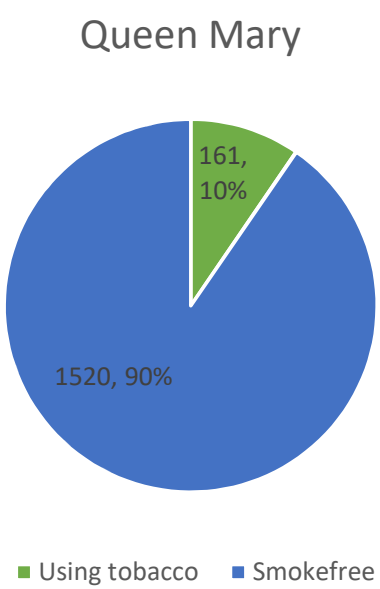


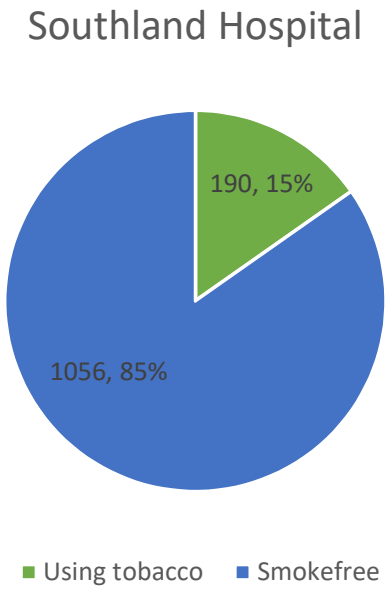
Exclusive breastfeeding on discharge



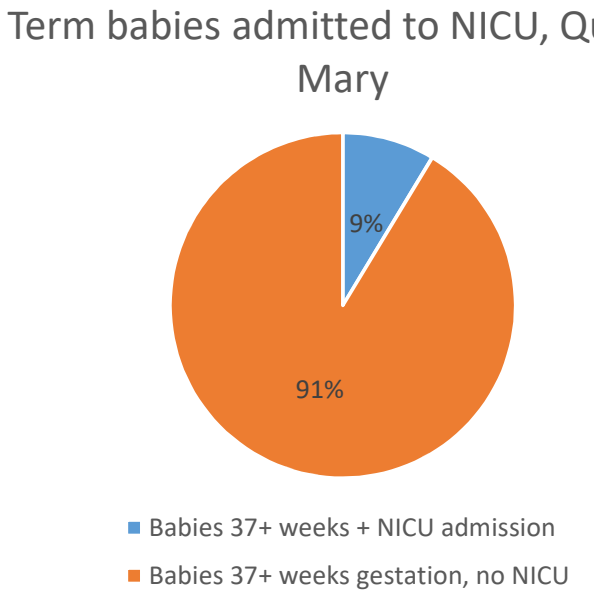


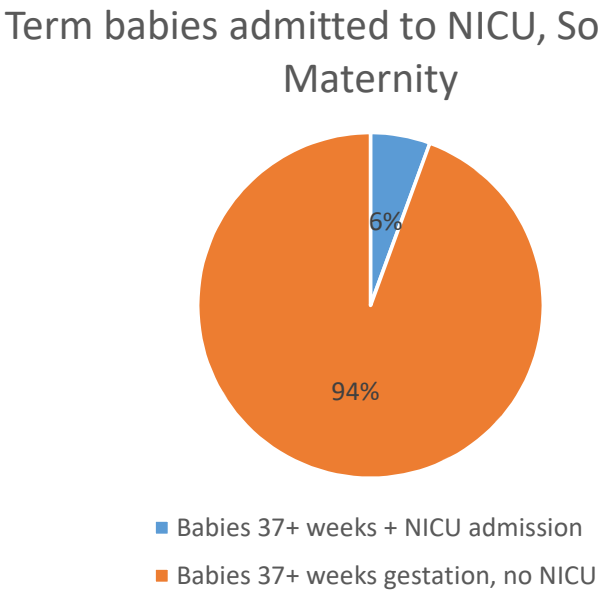
Women's smokefree status on admission



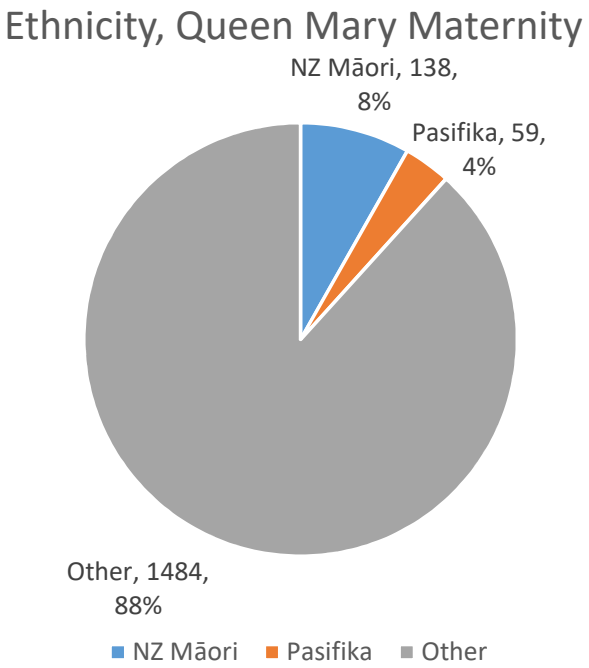


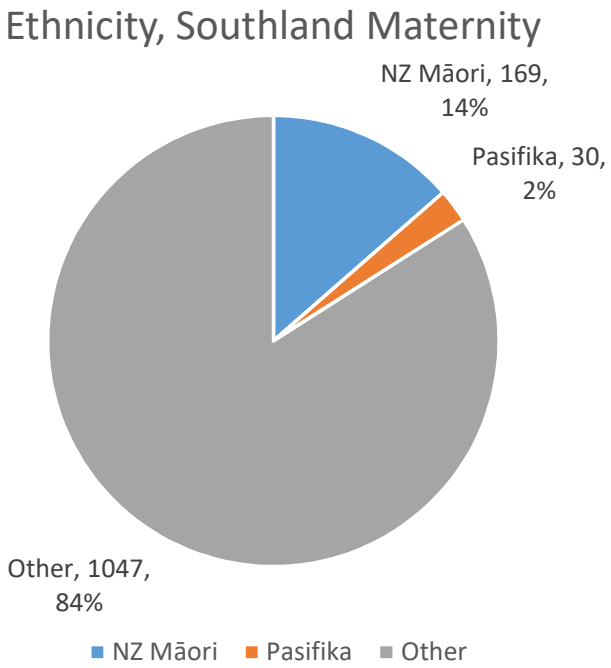
Babies born at term (37-42 weeks) needing special care in the neonatal intensive care unit





Birthing women's ethnicity 2017

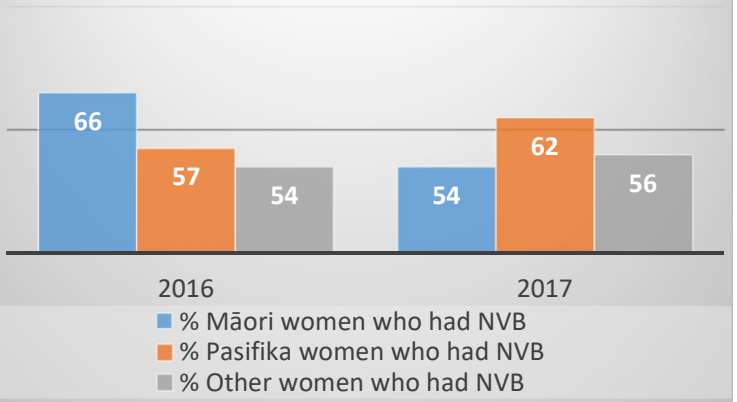




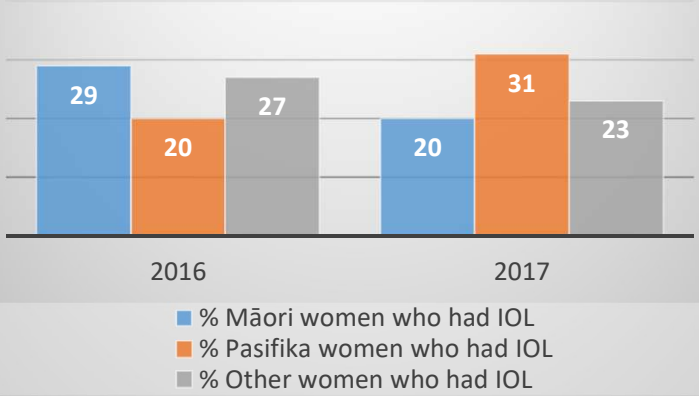
Queen Mary Hospital Maternity Outcomes by ethnicity

Southern District Health Board
Piki Te Ora

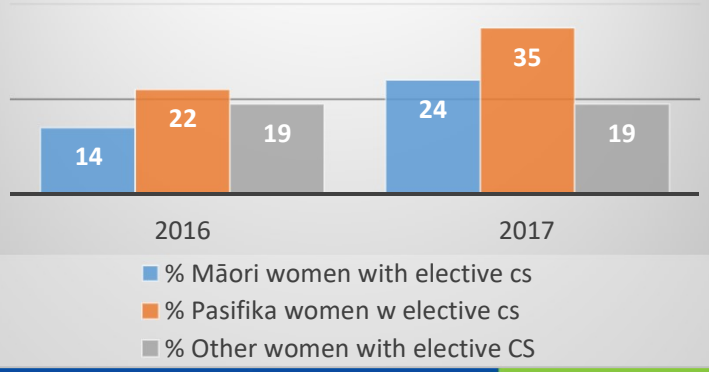
Normal vaginal birth



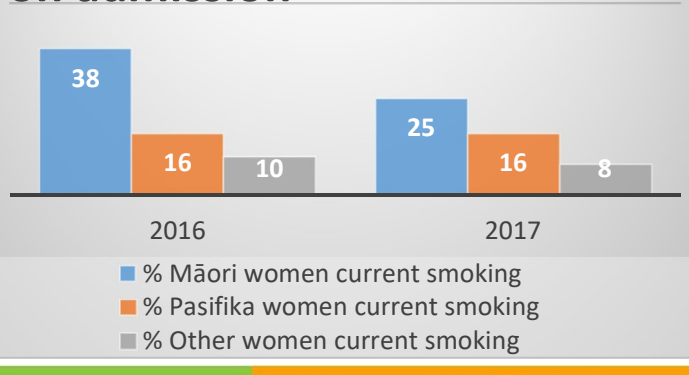
Induction of labour



Elective caesarean section



Currently smoking on admission



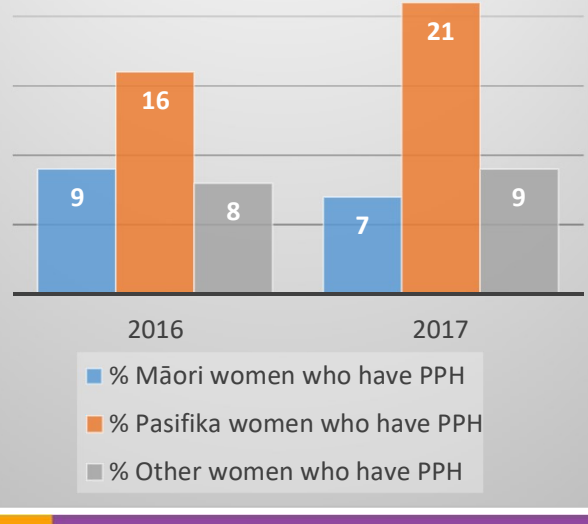
2016 births

138 Māori women birthed
51 Pasifika women birthed
1456 Other women birthed

2017 births

138 Māori women birthed
58 Pasifika women birthed
1486 Other women birthed

Postpartum haemorrhage > 1000 ml

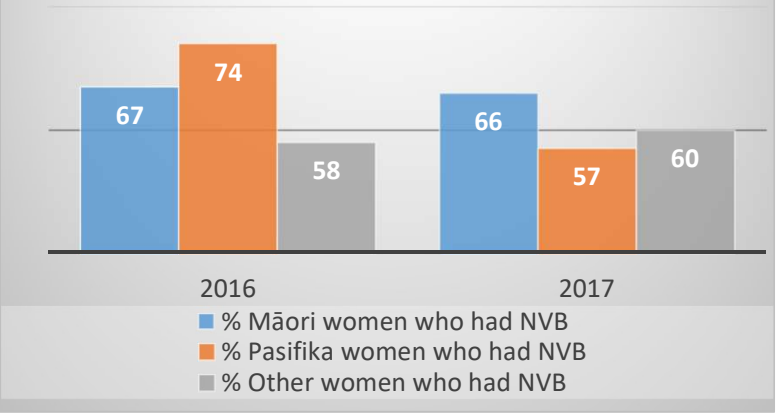


Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

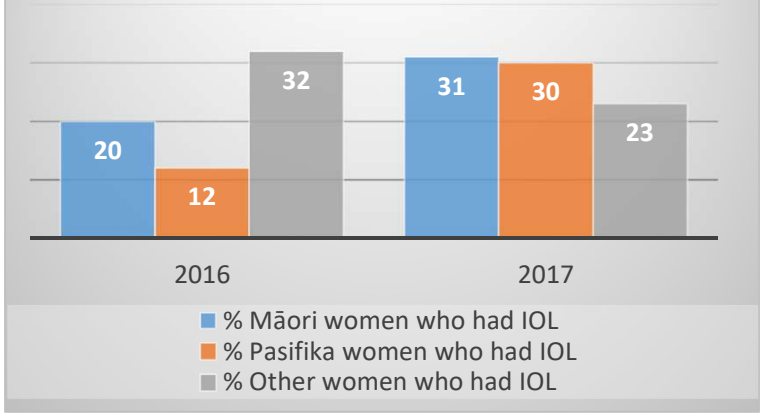
Southland Hospital Maternity Outcomes by ethnicity

Southern District Health Board
Piki Te Ora

Normal vaginal birth



Induction of labour



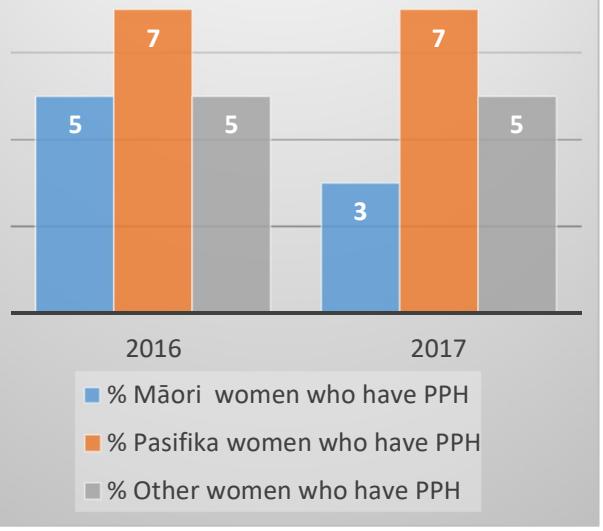
2016 births

160 Māori women birthed
42 Pasifika women birthed
1011 Other women birthed

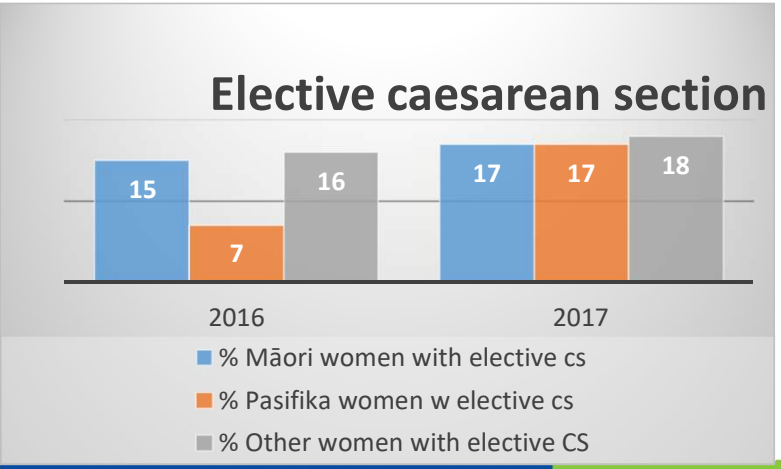
2017 births

163 Māori women birthed
30 Pasifika women birthed
1053 Other women birthed

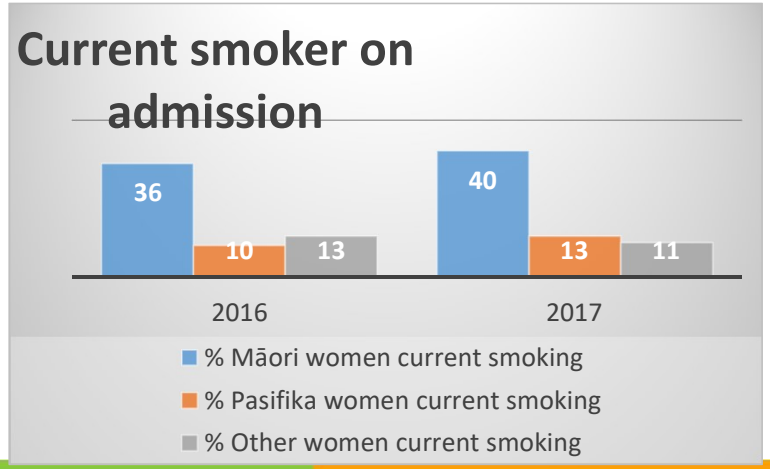
Postpartum haemorrhage > 1000 ml



Elective caesarean section



Current smoker on admission



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Southern District Health Board
Piki Te Ora

Primary Maternity Facilities

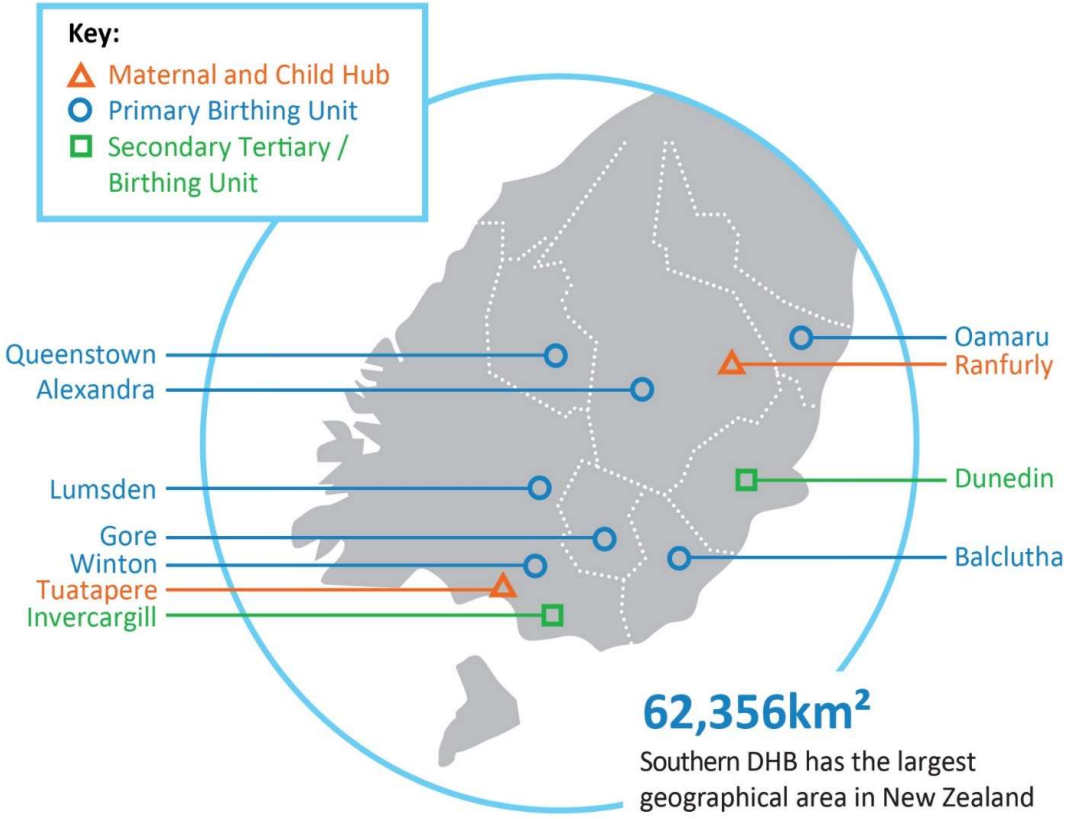
Oamaru, Charlotte Jean (Alexandra), Lakes, Balclutha, Gore, Lumsden, Winton

Southern Primary Maternity Facilities

Primary maternity facilities provide inpatient birth and postnatal care for well women and babies. In 2017, 417 women gave birth at a primary maternity facility in the Southern District and an additional 697 received inpatient postnatal care.

Evidence shows that healthy women with low-risk pregnancies who labour and birth in a primary maternity facility have better health outcomes for both mother and baby, compared to those who birth in a secondary or tertiary base hospital.

Current Model of Primary Maternity Services in the Southern Distict



Primary Maternity Report May 2017

A review was undertaken, with a report generated in May 2017. The purpose of the report was:

- to understand current and future need for primary maternity services
- to design a district wide sustainable primary maternity service
- to support safe primary birthing as close to home as possible

Key findings:

- Primary birthing facilities are an important part of the primary maternity system
- Current levels of utilisation are low which impacts on viability
- The location of primary birthing facilities needs to be considered from a whole of district perspective

Further consultation following the release of the report in May 2017 formed the basis of a new Integrated Primary Maternity System of Care released in 2018:

https://www.southerndhb.govt.nz/files/22968_20180810115639-1533858999.pdf)

Oamaru Maternity
Oamaru Hospital
Otago

2017 Overview

68 women gave birth at Oamaru

24% of women who labored at Oamaru required a transfer to base hospital for specialist care

82 women who gave birth elsewhere had a postnatal stay at Oamaru

80% of women who gave birth at Oamaru were exclusively breastfeeding their babies when they went home

Southern District Health Board
Piki Te Ora

Feedback

While I did not birth here, the postnatal care was phenomenal!! After two babies born (elsewhere) … Oamaru was miles ahead ☺. Supporting Mum as much as child – particularly in night when all family support are gone.

Charlotte Jean Maternity Hospital (CJMH)
CJMH Trust
Alexandra, Otago

2017 Overview

60 women gave birth at CJMH

11% of women who labored at CJMH required a transfer to base hospital for specialist care

113 women who gave birth elsewhere had a postnatal stay at CJMH

95% of women who gave birth at CJMH were exclusively breastfeeding their babies when they went home

Focus on breastfeeding

- three experienced IBCLC Lactation Consultants on staff
- Every woman given a breastfeeding resource to take home (Amy Wray's Mama Aroha cards)
- Fourth accreditation as a BFHI facility
- Feedback:
  "Very supportive. Excellent support for 'night two'. Staff so thorough – they took time to explain everything to me – 5 star rating."

Lakes Maternity
Lakes District Hospital
Frankton, Otago

Southern District Health Board
Piki Te Ora

2017 Overview

72 women gave birth at Lakes

28% of women who labored at Lakes required a transfer to base hospital for specialist care

128 women who gave birth elsewhere had a postnatal stay at Lakes

94% of women who gave birth at Lakes were exclusively breastfeeding their babies when they went home

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Balclutha Maternity
Clutha Health First
Otago

2017 Overview

56 women gave birth at Balclutha

10% of women who labored at Balclutha required a transfer to base hospital for specialist care

68 women who gave birth elsewhere had a postnatal stay at Balclutha

86% of women who gave birth at Balclutha were exclusively breastfeeding their babies when they went home

Feedback:

During birth amazing care from Midwives and staff felt so comfortable and relaxed as could be.

The best at offering help and knowing what they were doing to get my baby on the breast - 3rd baby and finally with the right help ive mastered breastfeeding.

I loved how my husband could stay and they taught him how to bath and change a nappy

Its a great environment, modern, clean, quiet. A great facility and we are lucky to have it.

The over and above care we were given by our Midwife and supporting Midwife and staff in the Maternity Ward. We felt at home here and would not hesitate to birth here again!

Gore Maternity
Gore Health
Southland

Southern District Health Board
Piki Te Ora

2017 Overview

83 women gave birth at Gore

15% of women who labored at Gore required a transfer to base hospital for specialist care

85 women who gave birth elsewhere had a postnatal stay at Gore

75 % of women who gave birth at Gore were exclusively breastfeeding their babies when they went home

Lumsden Maternity
Waiau Health Trust
Southland

Southern District Health Board
Piki Te Ora

2017 Overview

42 women gave birth at Lumsden

10% of women who labored at Lumsden required a transfer to base hospital for specialist care

50 women who gave birth elsewhere had a postnatal stay at Lumsden

% of women who gave birth at Lumsden were exclusively breastfeeding their babies when they went home

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Winton Maternity Centre
Central Southland Hospital Health Trust
Southland

Southern District Health Board
Piki Te Ora

2017 Overview

36 women gave birth at Winton

8% of women who labored at Winton required a transfer to base hospital for specialist care

171 women who gave birth elsewhere had a postnatal stay at Winton

83% of women who gave birth at Winton were exclusively breastfeeding their babies when they went home

Perinatal and Maternal Morbidity Review Committee (PMMRC)

PMMRC review all perinatal deaths and issues a report with recommendations annually.

MQSP reviews PMMRC's recommendations and identifies opportunities for improvement in Southern. MQSP also ensures that the report is widely distributed to maternity stakeholders and available on the Maternity Resources webpage (https://www.southerndhb.govt.nz/pages/maternity/).

Practice points recommended for action by MQSP:

- Improve assessment and responsiveness to Māori women with risk factors for suicide
- When families experience a loss of a baby, offer alternative after-death investigations to families and whanau who decline post-mortem examination so that as much information as possible can be offered to the family.

Actions:

- Practice Point on Maternal Suicide widely distributed to maternity providers
- Quality in Early Pregnancy education developed for primary care providers to encourage comprehensive assessment of risk factors at first presentation for antenatal care and help with engaging a midwife
- Perinatal pathologist provided education to secondary and tertiary facility providers to improve quality of discussion with families about options for after-death investigations

Southern District Health Board
Piki Te Ora

Appendix A

Southern's Maternity Clinical Indicators 2016 results

2016 NZ Maternity Clinical Indicators Results

This is a summary of Southern District's performance against the 20 New Zealand Maternity Clinical Indicators, for calendar year 2016. The source document, including graphs showing confidence intervals, all definitions, denominators, and information about other DHB and secondary facility performance, can be found at: https://www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2016

The 2016 results table lists the comparison group for each Indicator. "Standard primiparae" women are the comparison group for many indicators, as they are expected to have an uncomplicated pregnancy and birth and could therefore be expected to have similar outcomes across all places of birth throughout the country. The definition of "standard primiparae" is: aged 20-34 years old, giving birth for the first time, carrying one baby, at term 37-41.0 weeks' gestation, cephalic (head-down) presentation, and no obstetric complications in the pregnancy. In Southern DHB in 2016, this accounted for 39.9 % of all first-time mothers and 16.4 % of the total birthing population.

Green light results indicate that Southern's performance is at or better than the median for all DHBs. Southern has "green light" Indicators results in most areas, including spontaneous vaginal birth, assisted birth, caesarean birth and induction of labour (Indicators 2-5).

Amber light results indicate that Southern's performance is at variance with the national median, but the confidence interval for the data crosses the median so may not be statistically significant. There are three "amber light" indicators related to intrapartum perineal outcomes which are already the focus of a quality improvement project, and preterm birth.

There are some significant differences between Dunedin maternity and Southland maternity outcomes – these are highlighted in red for further discussion.

There were NO results where Southern's performance was statistically significantly at variance with the national median.

Indicator	Comparison group	NZ 2016	Southern DHB 2016	Southern DHB 2015	Secondary/Tertiary Hospitals 2016	Dunedin Hospital 2016	Southland Hospital 2016	Southern compared to Median DHB
1: Registration with an LMC in the first trimester	All registered women	71.9	77.9	77.1	72.3	83.6	73.4	Above median (and increase)
2: Spontaneous vaginal birth	Standard primip	67.0	69.4	68.8	61.0	59.2	68.3	At median (and increase)
3: Instrumental vaginal birth	Standard primip	15.9	13.3	14.8	18.9	18.1	13.1	Below median (and decrease)
4: Caesarean section	Standard primip	15.9	16.1	16.4	19.0	20.9	18.0	At median (and decrease)
5: Induction of labour	Standard primip	6.3	6	4.9	7.3	8.0	6.0	Below median (but increase)
6: Intact lower genital tract	Standard primip	28.6	29	29.4	20.5	21.6	26.0	Below median

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Indicator	Comparison group	NZ 2016	Southern DHB 2016	Southern DHB 2015	Secondary/Tertiary Hospitals 2016	Dunedin Hospital 2016	Southland Hospital 2016	Southern compared to Median DHB
7: Episiotomy and no third or fourth degree tear	Standard primip	22.7	19.6	17.1	27.4	27.8	19.3	Above median (increase)
Indicator 8: Third or fourth degree tear and no episiotomy	Standard primip	4.2	3.5	5.2	4.1	2.2	5.3	At median (decrease)
9: Episiotomy and third or fourth degree tear	Standard primip	1.8	2.3	2.6	2.2	4.4	0.7	Above median (decrease)
10: General anaesthetic for women giving birth by caesarean section	All caesarean section births	8.5	7.8	7.4	8.5	7.4	8.4	Below median (increase)
11: Blood transfusion during admission for caesarean section	All caesarean section births	2.9	2.1	2.5	2.9	1.6	2.6	Below median (decrease)

Indicator	Comparison group	NZ 2016	Southern DHB 2016	Southern DHB 2015	Secondary/Tertiary Hospitals 2016	Dunedin Hospital 2016	Southland Hospital 2016	Southern compared to Median DHB
12: Blood transfusion during admission for vaginal birth	All vaginal births	**1.9**	**1.9**	**1.4**	**2.1**	**2.1**	**1.9**	At median (increase)
16: Women smoking at 2 weeks postnatal	Women with smoking status reported	**11.7**	**13.1**	**13.7**	**11.0**	**12.5**	**14.5**	Below median (decrease)
17: Preterm birth	All births	**7.5**	**8.4**	**7.6**	**8.5**	**10.2**	**9.2**	Above median (increase)
18: Small for gestational age babies born 37-42 weeks' gestation	All babies born 37-42 weeks	**2.9**	**2.9**	**2.6**	**2.9**	**3.4**	**3.2**	At median (increase)
19: Small for gestational age babies born 40-42 weeks' gestation	Small for gestational age babies born at 37-42 weeks	**35.8**	**30.3**	**47.6**	**34.0**	**29.4**	**34.3**	Below median (decrease)

Indicator	Comparison group	NZ 2016	Southern DHB 2016	Southern DHB 2015	Secondary/Tertiary Hospitals 2016	Dunedin Hospital 2016	Southland Hospital 2016	Southern compared to Median DHB
20: Term babies requiring > 4 hours' respiratory support	All babies born 37-42 weeks	2.0	1.5	1.0	2.2	1.7	1.0	At median

Indicators 13 – 15 are for rare events of severe maternal morbidity. All cases of severe maternal or neonatal morbidity are reviewed through Southern's Perinatal and Maternal Morbidity Review process.

Indicator 13: Diagnosis of eclampsia
Four in 2016 (29 in NZ)
Zero in 2015, 2014 and 2013

Indicator 14: Peripartum hysterectomy
One in 2016 (25 in NZ)
1 in 2015, 4 in 2014, 2 in 2013

Indicator 15: Mechanical ventilation during pregnancy or postnatal period
Zero in 2016 (9 in NZ)
2 in 2015, 1 in 2014, 0 in 2013