

Clinical : Women's Health  
Proactive release 21 August 2019



12 August 2019

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E-mail: [REDACTED]

Dear [REDACTED]

#### **Official Information Act (1982) Request**

I write in response to your Official Information Act request, dated 18 July 2019. You requested the following information:

- 1. Over the past five years (since January 2014), how many babies have been born under the care of Counties Manukau District Health to mothers dependent on illegal drugs?**
  - a) How many of those babies were uplifted by Oranga Tamariki?*
  - b) How many of those babies required a hospital stay of more than 7 days?*
  - c) How many of those babies required a hospital stay of more than 14 days?*
  - d) How many of those babies required medication as a result of withdrawal symptoms?*

The information required to answer your request is not collected by Counties Manukau District Health Board in a consolidated form on the basis of legality of a substance, and therefore we are unable to respond to your specific questions (for the reasons outlined further below).

We are therefore declining this element of your request to provide the number of babies born to mothers who are dependent on illegal drugs, under section 18(f) of the Act – being substantial collation or research required.

However, we acknowledge the higher public interest currently in maternity services, child protection services, and families and children under care of Oranga Tamariki – Ministry for Children. Therefore, we provide the following additional information on this topic.

For context, it is estimated there are approximately 120,000 women of childbearing age (15 to 44 years) living in Counties Manukau. Women in Counties Manukau receive maternity services via the CM Health Birthing Unit at Middlemore Hospital, three Primary Birthing Units, and by Lead Maternity Carers across the district. These services currently see more than 7,300 births per year.

There is more information on our services in the Annual Women's Health and New Born Report – publicly available on our website.

Clinical information on the health of a pregnant woman, and separately of a new born, is held in individual medical files, is confidential and can be highly sensitive information that is gathered and informed by antenatal contact and assessment by a lead maternity carer. Only some of this information will be coded for analysis purposes; however, our coding systems do not define cases by substance legality as a part of maternal dependency.

Extracting information from medical files to respond to this request would need a clinician to retrospectively review all of the individual medical files of women seen for maternity care over the last five years. We have considered if this is achievable within current operational capacity, and do not believe this is possible. Our maternity services are seeing ongoing high demand for clinical services, and all resources are needed in managing a high proportion of clinically complex cases. Completing the work required would necessitate diverting a clinician from providing direct care to women.

Dependency on substances (legal or illegal) during pregnancy, and in the wider community is a difficult matter to isolate, can change over the course of a pregnancy, and may not be declared for a variety of reasons. Clinicians may note in medical files where dependency on a substance is thought to have contributed to the underlying medical issue. Given the nature of drug use and their effects, women may be assessed as having a specific medical condition, or behaviours, or in some cases specified or non-specified drug intoxication. This may only record what clinicians are told, rather than as a result of testing for a particular substance. This information is often anecdotal rather than evidence-based, and relies on what we are told by the woman or family/ whaanau, based on a therapeutic relationship. It is not always possible to confirm toxicology, but rather clinicians need to manage presenting symptoms and consequences.

There are nationally consistent procedures to ensure best practice Child Protection occurs, and to support our compliance with statutory requirements. The overall decision and authority for any baby/ child to be under care of Oranga Tamariki – Ministry for Children, is made by Oranga Tamariki under Section 78 (interim custody order). Information on any cases with their involvement, the particular needs of the babies, and their rationale for involvement is rightly held by them.

A baby's length of hospital admission will be determined by clinician assessment, and may be due to a variety of reasons, including the immediate health of the baby, needs for additional postnatal or neonatal care, or appropriate discharge planning. Further identification of details of an admission just for babies with a mother with substance dependency would require retrospective review of individual medical files for the baby as well as the mother. For the reasons outlined above, we do not believe we have capacity to provide this for the scope of your request.

We hold limited information on the cases where a baby (*irrespective* of involvement of Oranga Tamariki) needed procedures for management of withdrawal from maternal use of drugs of addiction.

CM Health coding systems has data recorded for:

- P04.4: Fetus and new-born affected by maternal use of drugs of addiction
- P96.1: Neonatal withdrawal symptoms from maternal use of drugs of addiction  
Drug withdrawal syndrome in infant of dependent mother  
Neonatal abstinence syndrome

Calendar year	Cases
Jan 1 - Dec 31, 2014	0
Jan 1 - Dec 31, 2015	3
Jan 1 - Dec 31, 2016	3

Calendar year	Cases
Jan 1 - Dec 31, 2017	1
Jan 1 - Dec 31, 2018	0
Jan 1 – Jun 30, 2019	3

We note that the majority of births do not have any procedure coding assigned, and so there may be other cases, which we are not able to identify from the data repository. Our coding system does not include records for the type of drug involved.

We note that in the metro-Auckland region some women with a known drug addiction at the point of giving birth can be referred to Auckland DHB to receive care under a specialist team. In addition, the region's Community Alcohol and Drug Service (CADS) - Pregnancy and Parenting Service (PPS), also provides an intensive case co-ordination service to support connection to health and social services for parents of children aged under three-years-old and pregnant women with acknowledged alcohol and other drug addictions.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



**Fepulea'i Margie Apa**  
Chief Executive Officer  
Counties Manukau Health