17th May 2021

[redacted]

Email: [redacted]

Dear [redacted]

Official Information Act Request for Maternity Services

I write in response to your Official Information Act request received by us 4 May 2021, where you requested the following information:

1. **I would like to request a copy of your DHB's 2020 Maternity Quality and Safety Report which the Ministry of Health says should have been published on your website in March 2021.**

2. **I would also like copies of correspondence between your DHB/the PMMRC/ Ministry of Health about the high rate of neonatal encephalopathy and/or stillbirth.**

3. **I would also like an explanation from your DHB about why it has a high rate of neonatal encephalopathy and/or stillbirths and what is being done to lower it.**

Counties Manukau Health Response:
For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. **I would like to request a copy of your DHB's 2020 Maternity Quality and Safety Report which the Ministry of Health says should have been published on your website in March 2021.**
   The report is publicly available on the CM Health website and can be found at the following link:
   - https://countiesmanukau.health.nz/our-services/maternity-services/womens-health-and-newborn-annual-report/

2. **I would also like copies of correspondence between your DHB/the PMMRC/ Ministry of Health about the high rate of neonatal encephalopathy and/or stillbirth.**

Please find attached two letters;

- One from the PMMRC dated as 9 February 2020 (incorrectly) which was received in February 2021 and
- One from the MOH to the PMMRC dated 12 March 2020. No further correspondence can be found.

3. I would also like an explanation from your DHB about why it has a high rate of neonatal encephalopathy and/or stillbirths and what is being done to lower it.

CM Health has a statistically significantly higher rate of perinatal related mortality as documented in the recent PMMRC reports. We believe the cause of this is multifactorial with some factors we understand and others which require more research. We are also aware that the low socioeconomic environment for many of our population plays a part in these outcomes.

The CM Health Divisions of Women's Health and Child Health have many ongoing initiatives to improve outcomes for all women and babies. Progress on these initiatives is fully documented in the Women's Health and New Born Annual report (available through the link above in question one). These include:

- Establishment of a PreTerm Birth clinic to manage care of women who have previously experienced a preterm delivery.
- Establishment of a daily Maternity Assessment Clinic to ensure women with complex obstetric issues can be assessed urgently with ongoing follow-up as required.
- Diabetes in Pregnancy Project which has included the establishment of an Obstetric lead specialty clinic to assist with our rising percentage of women with diabetes in pregnancy.
- Healthy Weight Gain in Pregnancy promotion.
- Strong Smoking Cessation project.
- A strong research base which includes studies to improve outcomes for example in relation to healthy weight gain in pregnancy, diabetes in pregnancy, pre-term birth, reduced fetal movements to name a few.
- Introduction of a clinical nurse specialist perinatal loss role to complement our Perinatal Loss Midwife Specialist to support women suffering a pregnancy loss at any gestation.
- Our contraception service has improved rates of long acting reversible contraception insertion and vasectomy.

For neonatal encephalopathy

The average rates for neonatal encephalopathy over the time period covered by the recent report (for the period 2014 to 2018) are acceptable when compared across the whole country. Over the past two years we have seen an improvement and then last year again a slight rise.

The majority of these cases are moderate encephalopathies. These invariably do well and certainly amongst these will be some mild cases that we have overcalled. Because of the 6 hours window we do err on the side of caution and would have a lower threshold to grade as moderate and thus to cool the baby as a precaution. Our rate of severe cases has dropped but we note that on reviewing the moderate and severe cases there does seem to be a proportion of families detached from Obstetric Services. We have a number of projects under our Maternity Quality and Safety Plan to encourage early registration, pregnancy education and antenatal care.

For further information about work being done to improve all aspects of maternity care, I refer you to the Women's Health and Newborn Annual Report, Section 5 Maternity Quality and Safety Plan on page 62 and the Maternity Quality Improvement Workplan 2021-2023 on page 146.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

Perinatal and Maternal Mortality Review Committee
He matenga ohorere, he wairua uiui, wairua mutungakore

Health Quality & Safety Commission New Zealand
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9 February 2020

Fepulea'i Margie Apa
Chief Executive Officer
Middlemore Hospital
Private Bag 93311
Otahuhu
AUCKLAND 1640

via email: [redacted] S9(2)(a)

Tēnā koe Ms Apa

Re: Higher than national average perinatal mortality reported for Counties Manukau DHB

In the soon to be released PMMRC 14th Annual Report, Counties Manukau DHB is identified as having a higher rate of perinatal related mortality than the national rate, that has reached statistical significance.

This report, to be released on 16 February 2021, outlines trends in mortality in babies and mothers, and serious morbidity from neonatal encephalopathy.

Counties Manukau DHB mortality rates

For the period 2014-2018 your DHB was noted to have a significantly higher rate of perinatal related mortality (13.24 per 1000 births) than the national rate (10.15 per 1,000 births).

The stillbirth rate (6.69 per 1000 births) was significantly higher than the national rate (5.15 per 1000 births) and your neonatal death rate (4.19 per 1000 live births) was also significantly higher than the national rate (2.78 per 1000 live births).

This is not a new finding. Since 2009, PMMRC have reported higher than national perinatal mortality rates for Counties Manukau DHB. I appreciate that work has been done, but as each of our annual reports show, there is still much work to do.

We are also particularly concerned that the ongoing inequities in access to healthcare, and health outcomes, may have worsened during the COVID-19 pandemic response.

Updates on work programmes

To reduce duplication of effort for your DHB, this year the PMMRC plan to liase with the Maternity Quality and Safety team at the Ministry of Health in the first instance. The Maternity Quality and Safety Programme (MQSP) annual reports are due in March. They will provide information on current work programmes intended to meet the needs of the birthing population

in your region. If we have any further questions about your work programme following the release of this report, we will be in contact.

On behalf of the PMMRC, I would like to thank the PMMRC local coordinators and Neonatal Intensive Care Unit staff for their ongoing work. Their work includes providing information to the PMMRC, and working with families and whānau to support them through an extremely difficult time, often on top of their usual work. By providing information to the PMMRC, we can gain a better understanding of mortality and morbidity in the perinatal period. In partnership with local coordinators and service providers we can improve the outcomes for families and whānau living in Aotearoa New Zealand.

The PMMRC 14th Annual Report will be available online on Tuesday 16 February 2021 at: https://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/

If you have any questions, please feel free to contact me on S9(2)(a).

Nāku noa, nā

Mr John Tait
Chair - Perinatal and Maternal Mortality Review Committee

Cc: Local PMMRC Coordinators: Debbie Davies, Dr Sarah Wadsworth, Charlotte Oyston
Maternity Quality and Safety Programme Coordinators: Lyn Stark, Amanda Hinks
Midwifery leader: Chris Mallon

MINISTRY OF HEALTH
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12 March 2020

Dr John Tait
Perinatal and Maternal Mortality Review Committee

By email: S9(2)(a) [redacted]

Dear John

Request for update on Perinatal and Maternal Mortality Review Committee (PMMRC) 13th report recommendation

Thank you for your letter dated 20 February 2020 requesting an update on the progress in implementing the recommendations from the PMMRC 13th Annual Report. Please see the Ministry of Health's (the Ministry) response below:

Perinatal mortality and morbidity

1. *The Ministry of Health should resource, support and facilitate the development of a national guideline for the provision of care of mothers and infants facing delivery at <25 weeks gestational age to ensure high-quality, appropriate and equitable care for all.*

The prioritisation of national guidelines will be addressed in the 'Improving equity, quality and safety of maternity services' workstream in the Maternity Action Plan (MAP). The recommendation for national guidance on the care and management of early preterm labour and birth will be considered when this prioritisation occurs. The National Maternity Monitoring Group will be consulted in establishing the priorities.

2. *The Ministry of Health should resource, support and facilitate the development of a national perinatal bereavement pathway with key stakeholders, including governmental and non-governmental organisations, to ensure high-quality, appropriate and equitable care for all.*

The Maternity and Mental Health teams at the Ministry have been working collaboratively to progress the development of a Maternal and Infant Mental Health Network. Once the Network has completed a stocktake of current services there will be the opportunity to consider a national perinatal bereavement pathway.

3. *As a matter of urgency, the Ministry of Health requires DHBs to provide data for women who receive DHB-led antenatal care, and for this to be uploaded into MAT in its entirety.*

A Health Information Standards Organisation (HISO) Maternity Care Summary Standard has been developed with the adoption of this standard by maternity care providers and their industry partners as part of the Maternity Action Plan (MAP).

The standard defines the minimum data set to be recorded by maternity care providers, including community and hospital midwives, general practitioners, obstetricians, other medical specialists and their support staff. The maternity care summary centres on the pregnant woman and includes administrative and clinical information about her pregnancy, labour and birth, and baby(ies). The standard covers the whole maternity journey, including the postnatal period.

An upgrade to the National Maternity Record system to meet the new requirements of the standard will be developed and rolled out to users, including MidCentral, Counties Manukau and Tairāwhiti DHBs. Once this is complete other DHBs will upgrade their maternity clinical information systems. A 'perinatal spine' is under development by Clevermed which will allow for the transfer of data from other maternity data providers, into the National Maternity Record.

Currently, all DHBs are required to submit information to the MAT data collection through the National Minimum Dataset (NMDS).

4. *Government should fund the provision of specific maternal mental health services in order to provide holistic screening for maternal mental illness, intimate partner violence and family violence, and provide appropriate services and support.*

DHBs have family violence screening policies and tools established through the Violence Intervention Programme that are used to screen women during their stays in maternity facilities. LMCs are also required to screen for intimate partner and family violence.

For terminations of pregnancy, written discharge information should include contact information for support services and inform women that a follow-up visit is funded.

The provision of termination of pregnancy contracts are the remit of DHBs therefore the recommendation above for funded support services falls under this. The focus of the Mental Health Directorate and the Wellbeing Budget 2019 is the provision of primary mental health services for everyone that needs them. This would include all pregnant and recently birthed women who require support whether it be post termination, for birth trauma or anxiety and depression.

The role of the Ministry of Health (the Ministry) is to provide policy, regulation and stewardship of the health system and fund District Health Boards (DHBs) to provide services for their populations. Therefore, each DHB is accountable for service commissioning, provision and delivery for their region.

5. Until bread and flour fortification is implemented, and as an interim measure, folic acid should be provided free. This is not a suitable long-term measure. Fifty percent of pregnancies are unplanned; therefore, this method is less effective than fortification of bread and flour.

The Ministry has consistently supported their counterparts at the Ministry for Primary Industries on mandatory fortification of non-organic wheat flour. This is the recommendation being made. DHBs can consider providing free folic acid for women in deprived populations planning pregnancy and in the first trimester.

Yours sincerely

Keriana Brooking
Deputy Director-General
Health System Improvement and Innovation