

New Zealand Maternity Standards

A set of standards to guide the planning, funding and monitoring of maternity services by the Ministry of Health and District Health Boards

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Contents

Background: The Maternity Quality Initiative..... 1

Purpose of the New Zealand Maternity Standards 2

The New Zealand Maternity Standards 3

Glossary 10

Appendix: New Zealand Maternity Clinical Indicators 12

Background: The Maternity Quality Initiative

The development of the New Zealand Maternity Standards is part of the Maternity Quality Initiative. The Maternity Quality Initiative is made up of:

- a national Quality and Safety Programme for Maternity Services including maternity standards and clinical indicators
- revised Maternity Referral Guidelines, which set out processes for transfers of care including in an emergency
- standardised, electronic maternity information management to improve communication and sharing of health information among health practitioners
- improved maternity information systems and analysis so there is better reporting and monitoring of maternity services.

The Quality and Safety Programme for Maternity Services will build on quality improvement mechanisms already in place in district health boards (DHBs). At the national level, the programme will consist of specific national tools to guide the provision of maternity services, including the New Zealand Maternity Standards and New Zealand Maternity Clinical Indicators. At the local level, the New Zealand Maternity Standards and Clinical Indicators will underpin a programme of ongoing, systematic review by a local multidisciplinary team that works together to identify ways that services and care can be improved and works to implement those improvements.

Purpose of the New Zealand Maternity Standards

The New Zealand Maternity Standards are a fundamental part of the Quality and Safety Programme for Maternity Services. The New Zealand Maternity Standards provide guidance for the provision of equitable, safe and high-quality maternity services throughout New Zealand. They consist of three high-level strategic statements to guide the planning, funding, provision and monitoring of maternity services by the Ministry of Health, DHBs, service providers and health practitioners. The Standards underpin the Primary Maternity Services Notice 2007, Maternity Referral Guidelines, DHB maternity service specifications, and other high-level guidelines and requirements. The Ministry of Health has worked with a group of clinical and consumer experts from the maternity sector to develop the Standards.

The Standards are designed to complement, rather than duplicate, existing legal and policy requirements in New Zealand including:

- protection of consumers' rights under the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights
- regulation of health practitioners under the Health Practitioners Competence Assurance Act 2003 (including the setting of professional standards, requirements for ongoing competence and professional development, competence reviews, and recertification programmes)
- regulation of maternity services provided in hospitals under the Health and Disability Services (Safety) Act 2001
- reduction of health disparities, by improving the health outcomes of Māori and other groups, under the New Zealand Public Health and Disability Act 2000
- specifications for primary, secondary and tertiary maternity services and facilities, such as the Primary Maternity Services Notice 2007 and specifications for DHB-funded maternity facilities and services.

Audit criteria and accompanying measurements sit under each high-level standard to track progress. The audit criteria and measurements provide specific and practical ways of auditing and measuring progress against the Standards.

The audit criteria are divided into national and local levels.

- The national level means that implementation needs to be led by a collaboration of the professional colleges in partnership with the Ministry of Health and the National Monitoring Group.
- The local level means that implementation needs to be led by a partnership of the district health boards, local practitioners and consumers involved in maternity services.

The New Zealand Maternity Standards

Standard 1:

Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies.

Applicable at national level (Ministry of Health, professional colleges)

Audit criteria	Measurement
<p>1. There is a National Monitoring Group, consisting of a small number of clinical sector experts and consumer representatives, that provides oversight and review of national maternity standards, analysis and reporting.</p> <p>The National Monitoring Group provides advice to the Ministry on priorities for national improvement based on the national maternity report, the nationally standardised benchmarked maternity data, and audited reports from DHB service specifications, Maternity Referral Guidelines, and the Primary Maternity Services Notice 2007.</p>	<p>1.1 A National Monitoring Group is nominated from respective professional colleges, DHBs, and consumer organisations, and selected by the Ministry of Health.</p> <p>1.2 The National Monitoring Group meets at least annually.</p> <p>1.3 The national set of clinical indicators (see Audit Criterion 7) is reviewed at least every three years and modified as necessary.</p> <p>1.4 The National Monitoring Group provides advice to DHBs and colleges on priorities for local improvement based on DHB annual maternity reports.</p>
<p>2. A national set of evidence-informed clinical guidelines is developed and reviewed.</p>	<p>2.1 100% of the national set of evidence-informed clinical guidelines are reviewed at least every five years.</p>
<p>3. Evidence and best practice support maternity service specifications, and service specifications are reviewed.</p>	<p>3.1 100% of the maternity service specifications are supported by evidence and best practice.</p> <p>3.2 Service specifications are reviewed at least every five years.</p>
<p>4. Communication among the Ministry, DHBs and professional colleges is open, effective and respectful.</p>	<p>4.1 The Ministry collaborates with DHBs and professional colleges on national maternity projects and reviews.</p> <p>4.2 Collaboratively produced documents are endorsed by all parties.</p> <p>4.3 Professional colleges are given a leadership role in speaking on clinical matters.</p>
<p>5. A national electronic maternity record is developed and fully implemented.</p>	<p>5.1 100% of DHBs, service providers and practitioners collect and share maternity data as required using the national electronic record.</p>

Audit criteria	Measurement
6. A nationally standardised maternity and perinatal database is developed and fully implemented.	<p>6.1 There is a dedicated custodian of the database with analytical capability.</p> <p>6.2 All national agencies and committees that use maternity data for monitoring purposes can access the nationally standardised dataset (eg, Perinatal and Maternal Mortality Review Committee (PMMRC), Australasian Maternity Outcomes Surveillance System (AMOSS)).</p>
7. Nationally standardised benchmarked data are available to DHBs, professional colleges and maternity services.	<p>7.1 A national maternity and perinatal report, based on data from the maternity and perinatal database, is published annually.</p> <p>7.2 Nationally standardised benchmarked maternity and perinatal data, monitored against a set of national clinical indicators, are provided to DHBs and maternity services at least annually.</p>

Standard 1:

Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies.

Applicable to district health boards

Audit criteria	Measurement
<p>8. All DHBs have a system of ongoing multidisciplinary clinical quality review and audit of their maternity services, involving consumer representatives and all practitioners linked to maternity care.</p>	<p>8.1 Multidisciplinary meetings convene at least every three months.</p> <p>8.2 DHBs report on implementation of findings and recommendations from multidisciplinary meetings.</p> <p>8.3 DHBs invite all practitioners linked to maternity care, including holders of Access Agreements, to participate in the multidisciplinary meetings, and report on proportion of practitioners who attend.</p> <p>8.4 All DHBs produce an annual maternity report.</p> <p>8.5 DHBs can demonstrate that consumer representatives are involved in their audit of maternity services.</p>
<p>9. All DHBs work with professional organisations and consumer groups to identify the needs of their population and provide appropriate services accordingly.</p>	<p>9.1 All DHBs plan, provide and report on appropriate and accessible maternity services to meet the needs of their population.</p> <p>9.2 All DHBs identify and report on the groups of women within their population who are accessing maternity services, and whether they have additional health and social needs.</p> <p>9.3 All DHBs plan and provide appropriate services for the groups of women within their population who are accessing maternity services and who have identified additional health and social needs.</p> <p>9.4 The proportion of women with additional health and social needs who receive continuity of midwifery care is measured and increases over time.</p>
<p>10. Communication between maternity providers is open and effective.</p>	<p>10.1 Local multidisciplinary clinical audit demonstrates effective communication among maternity providers.</p> <p>10.2 The number of sentinel and serious events in which poor communication is identified as a risk decreases over time.</p>
<p>11. A national set of evidence-informed clinical guidelines is implemented within each DHB-funded maternity service.</p>	<p>11.1 The number of national evidence-informed clinical guidelines implemented in each DHB-funded maternity service increases over time.</p>
<p>12. National maternity service specifications are implemented within each DHB-funded maternity service.</p>	<p>12.1 100% maternity service specifications are implemented in each DHB-funded maternity service.</p>

Standard 2:

Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage.

Applicable at national level (Ministry of Health, professional colleges)

Audit criteria	Measurement
13. Women have access to nationally consistent information on pre-pregnancy health, pregnancy, childbirth, maternity services and care of newborn babies to inform their decisions.	<p>13.1 Accessible, evidence-based information is developed nationally for consumers and primary care practitioners and is reviewed at least every five years.</p> <p>13.2 DHB service specifications for pregnancy, childbirth and parenting education services are informed by evidence and best practice and are reviewed at least every five years.</p>
14. Nationwide Service Frameworks support the provision of continuity of care to women throughout their maternity experience.	<p>14.1 The national consumer satisfaction survey and maternity and perinatal data show an increase in the proportion of women receiving continuity of maternity care.</p>
15. Women are able to provide feedback on their experience of using maternity services.	<p>15.1 A national tool for obtaining quantitative and qualitative data and consumer feedback on women's maternity experiences at the local level is developed, implemented and reported on.</p> <p>15.2 A national consumer survey of maternity services is carried out at least every three years.</p> <p>15.3 Women's satisfaction with maternity services increases over time.</p>

Standard 2:

Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage.

Applicable to district health boards

Audit criteria	Measurement
16. All women have access to pregnancy, childbirth and parenting information and education services.	16.1 All DHBs provide access to pregnancy, childbirth and parenting information and education services.
17. All DHBs obtain and respond to regular consumer feedback on maternity services.	17.1 All DHBs apply the national tool for feedback on maternity services at least once every five years. 17.2 All DHBs demonstrate in their annual maternity report how they have responded to consumer feedback on maternity services.
18. Maternity services are culturally safe and appropriate.	18.1 Consumer feedback demonstrates that consumers consider the services to be culturally safe and appropriate. 18.2 All DHBs demonstrate in their annual maternity reports how they have responded to consumer feedback on whether services are culturally safe and appropriate.
19. Women can access continuity of care from a Lead Maternity Carer for primary maternity care.	19.1 All DHBs have a mechanism to provide information about local maternity facilities and services and facilitate women's contact with Lead Maternity Carers and primary care. 19.2 The proportion of women accessing continuity of care from a Lead Maternity Carer for primary maternity care is reported in each DHB's annual maternity report.

Standard 3:

All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.

Applicable at national level (Ministry of Health, professional colleges)

Audit criteria	Measurement
20. The appropriate levels of primary, secondary and tertiary maternity services and facilities are identified and available to meet population needs.	20.1 A national plan for location and levels of maternity services and facilities is developed and continually updated.
21. An appropriate and sustainable workforce is available to provide maternity care.	21.1 A national plan for a sustainable maternity workforce is developed and reviewed at least every five years. 21.2 The appropriate mix of current and future workforce is identified and implemented at a local level.

Standard 3:

All women have access to a nationally consistent, comprehensive range of maternity services that are funded and provided appropriately to ensure there are no financial barriers to access for eligible women.

Applicable to district health boards

Audit criteria	Measurement
22. All DHBs plan locally and regionally to provide the nationally agreed levels of primary, secondary and tertiary maternity facilities and services for their population.	22.1 Local services are consistent with the national and regional plans and are accessible and appropriate for the local population.
23. Women and their babies have access to the levels of maternity and newborn services, including mental health, that are clinically indicated.	23.1 Local multidisciplinary clinical audit demonstrates women and babies have access to levels of care that are clinically indicated.
24. Primary, secondary and tertiary services are effectively linked with seamless transfer of clinical responsibility between levels of maternity care, and between maternity and other health services.	24.1 All DHBs report on implementation of the Maternity Referral Guidelines processes for transfer of clinical responsibility. 24.2 Local multidisciplinary clinical audit demonstrates effective linkages between services.
25. All DHBs plan locally and regionally for effective clinical and organisational pathways to respond to maternity and neonatal emergencies.	25.1 All DHBs have local and regional maternity and neonatal emergency response plans agreed by key stakeholders including emergency response services. 25.2 All maternity providers can demonstrate knowledge of local and regional maternity and neonatal emergency response plans. 25.3 Local multidisciplinary clinical audit demonstrates effective communication among maternity providers in cases of clinical emergency.
26. Women whose care is provided by a secondary or tertiary service receive continuity of midwifery and obstetric care.	26.1 All DHBs provide, or accommodate, a model of continuity of midwifery and obstetric care when secondary or tertiary services are responsible for the woman's care. 26.2 Consumer feedback demonstrates that an increasing proportion of women requiring secondary or tertiary level care are satisfied with the continuity of midwifery and obstetric care they received.

Glossary

Access Agreements	The Access Agreement contained in Schedule 3 of the Primary Maternity Services Notice 2007, which is to be used by all maternity facilities and Lead Maternity Carers.
Clinical audit	A protected quality assurance activity (PQAA) that includes registered health practitioners not employed by DHBs. Clinical audit seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. It may include: collecting data to measure current practice against standards; reviewing cases that have caused concern or from which there was an unexpected outcome; and peer review of cases to determine whether the best care was given. The key is the implementation of any changes deemed necessary and further review to ensure those changes have addressed any problems identified.
Continuity of care	A single health practitioner takes responsibility for coordinating and principally providing maternity care, and clearly documenting that planned care, as defined in section DA7 of the Primary Maternity Services Notice 2007. The health practitioner may have a designated back-up practitioner.
Custodian	A guardian, keeper or steward. In the context of the maternity and perinatal database this means a single entity, or unit within an entity, that is responsible for overseeing the database. The custodian is responsible for ensuring the security, integrity, quality, continuity and appropriate availability of maternity data collected at a national level.
DHB	A district health board established under the New Zealand Public Health and Disability Act 2000.
Lead Maternity Carer (LMC)	A provider of primary maternity services who is a general practitioner with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners), a midwife or an obstetrician who has been selected by the woman to provide her primary maternity care. This includes practitioners funded under the Primary Maternity Services Notice 2007 and practitioners employed or funded by DHBs to provide an LMC model of primary maternity care.
Maternity Referral Guidelines	The Guidelines for Consultation with Obstetric and Related Specialist Medical Services that identify clinical reasons for consultation with a specialist and that are published by the Ministry of Health from time to time.
Nationwide Service Framework	A collection of definitions, methodologies and processes that provide a common language necessary to achieve an agreed level of nationwide consistency of approach to funding, monitoring and analysing services. The Nationwide Service Framework information is published on the Nationwide Service Framework Library (NSFL). www.nsfl.health.govt.nz/apps/nsfl.nsf/menumh/Home

Perinatal	The period from 20 weeks' gestation to seven days after birth. See Perinatal and Maternal Mortality Review Committee (2010). www.pmmrc.health.govt.nz/moh.nsf/pagescm/7743/\$File/pmmrc-4th-annual-report2009.pdf
Quality improvement	A process by which services are evaluated in a manner that identifies where improvements need to be made, within a programme designed to achieve ongoing improvement.
Safety	The extent to which harm is kept to a minimum.
Service specifications	The documents that describe the service to be funded and provided and that incorporate the relevant purchase units and reporting requirements. Nationwide Service Specifications are jointly agreed between the Ministry and DHBs. www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/204

Appendix:

New Zealand Maternity Clinical Indicators

The New Zealand Maternity Clinical Indicators are benchmarked data for each DHB region and facility, showing key maternity outcomes. The purposes of the indicators are to increase the visibility of the quality and safety of maternity services and to highlight areas where quality improvement can be carried out. The benchmarked data are used to increase the degree of national consistency, and sharing of national information.

The New Zealand Maternity Clinical Indicators are based on Australasian clinical indicators developed by the Australian Council on Healthcare Standards. These indicators are evidence-based and cover a range of procedures and outcomes for mothers and their babies. The initial set of New Zealand Maternity Clinical Indicators is deliberately small and is focused on the labour and birth period. It is important to start small, only expanding the set when there is strong sector confidence in the accuracy of the data and monitoring against the indicators.

Indicators 1 to 8 present information on standard primiparae delivering in hospital. Indicators 9 to 11 look at all women delivering in hospital by delivery type and Indicator 12 looks at babies born in hospital. More detail will be provided in separate publications on the indicators.

New Zealand Maternity Clinical Indicators

	Indicator	Numerator	Denominator
1.	Standard primiparae who have a spontaneous vaginal birth	Total number of standard primiparae who have a spontaneous vaginal birth	Total number of standard primiparae who give birth
2.	Standard primiparae who undergo induction of labour	Total number of standard primiparae who undergo induction of labour	Total number of standard primiparae who give birth
3.	Standard primiparae who undergo an instrumental vaginal birth	The number of standard primiparae who undergo an instrumental vaginal birth	Total number of standard primiparae who give birth
4.	Standard primiparae undergoing caesarean section	Total number of standard primiparae undergoing caesarean section	Total number of standard primiparae who give birth
5.	Standard primiparae with an intact lower genital tract (no 1st–4th degree tear or episiotomy)	Total number of standard primiparae with an intact lower genital tract	Total number of standard primiparae delivering vaginally
6.	Standard primiparae undergoing episiotomy and no 3rd–4th degree perineal tear	Total number of standard primiparae undergoing episiotomy and no 3rd–4th degree perineal tear while giving birth vaginally	Total number of standard primiparae delivering vaginally
7.	Standard primiparae sustaining a 3rd–4th degree perineal tear and no episiotomy	Total number of standard primiparae sustaining a 3rd–4th degree perineal tear and no episiotomy	Total number of standard primiparae delivering vaginally
8.	Standard primiparae undergoing episiotomy and sustaining a 3rd–4th degree perineal tear	Total number of standard primiparae undergoing episiotomy and sustaining a 3rd–4th degree perineal tear while giving birth vaginally	Total number of standard primiparae delivering vaginally
9.	General anaesthesia for all Caesarean sections	Total number of women having a general anaesthetic for a Caesarean section	Total number of women having a Caesarean section
10.	Postpartum haemorrhage and blood transfusion after vaginal birth	Total number of women giving birth vaginally who require a blood transfusion during the same admission	Total number of women who give birth vaginally
11.	Postpartum haemorrhage and blood transfusion after Caesarean section	Total number of women undergoing Caesarean section who require a blood transfusion during the same admission	Total number of women who undergo Caesarean section
12.	Premature births (delivery from 32–36 weeks)	Total number of deliveries at between 32 weeks 0 days and 36 weeks 6 days of gestation	Total number of hospital births

