BIRTHING IN THE HUTT VALLEY
Frequently Asked Questions (FAQs)

This document provides answers to the most commonly asked questions in relation to the closure of Te Awakairangi Birthing Centre (TABC). While some of these questions are no longer relevant, due to the closure of TABC being confirmed, we hope the answers provided bring more transparency and a better understanding of the issues our community is facing.

Note: The answers to these questions have been compiled from the following information sources: publicly available information, Official Information Act request responses, Wright Family Foundation Trust, District Health Board and Ministry of Health information and local midwives.

We have grouped our questions under the following headings:

Primary Birth

What is Primary Birth?

Primary Birth is defined as birth by spontaneous vaginal delivery in a primary birthing environment. It is when a healthy person with a low-risk pregnancy chooses to plan, with the support of their Lead Maternity Carer (LMC), to have a birth without intervention in a Primary Birth Space such as a Birth Unit/Centre or Home.

What is a Primary Birthing Unit (PBU) / Facility

The Ministry of Health defines a Primary Birthing Unit as "A community-based birthing unit, usually staffed by midwives. Primary Birthing Units provide access for women/people assessed as being at low risk of complications for labour and birth care. They do not provide epidural analgesia or operative birth services."
Te Awakairangi Birthing Centre is a Primary Birthing Unit.

What is a low-risk pregnancy?

Low-risk is considered to be a healthy pregnant person carrying one baby, with no underlying, pre-existing medical conditions which would clinically indicate that a secondary birth setting (hospital) would be the appropriate choice. A Lead Maternity Carer (LMC) will discuss and agree with their pregnant client an ongoing individualised care plan according to these factors, and any other medical issues that may arise later during the pregnancy.

Is it safe to give birth in a birth centre?

Yes. There is overwhelming research to support it being safe for healthy women/people with low risk pregnancies to birth in a primary birthing space (such as a birth centre). For more information on this see our evidence paper which covers this topic in more depth (link here).

What are the benefits of a stand alone birth centre?

- A calm, safe and homely environment that promotes physiological birth.
- A separate setting for those who have experienced trauma within a hospital.
- Lower risks of intervention for healthy people with low-risk pregnancies.
- More whānau friendly - where partners can stay and numbers of whānau/support people are not generally limited.
- Calm and nurturing postnatal care with a guaranteed two night stay.
- Environment more conducive to establishing and maintaining breastfeeding.
- An alternative for those that choose not to birth at home for various reasons (housing instability or unsuitability, or preference to birth in a facility set-up for birthing).
- A body of research has found that women/people who birth in a primary birthing facility have higher satisfaction ratings and positive experiences, compared to women/people who birth in hospital settings.

HUTT FAMILIES FOR MIDWIVES

Would it be better to give birth in a hospital where extra support is available if needed?
Research shows that the planned place of birth has a huge influence on birth outcomes. Healthy people with low-risk pregnancies birthing in a hospital setting are more at risk of having intervention and complications.

Te Awakairangi Birth Centre is located just 4 minutes from the Hutt Maternity ward and has procedures in place, including a specific discreet ambulance bay, for any birthing person who chooses, or needs to transfer to the Hutt Maternity ward (hospital).

Doesn't the District Health Board (DHB) already provide spaces for primary birth in the Hutt Valley?
Te Awakairangi Birthing Centre (TABC) is the only primary birthing facility in the Hutt Valley - see here for Hutt Valley maternity facilities.

In the Wellington Region, Capital & Coast has a primary birthing unit in Kenepuru and Paraparaumu - see here for Capital & Coast maternity facilities.

The main barrier to Hutt Lead Maternity Carers (LMCs) midwives offering birth support at Kenepuru or Paraparaumu Primary Birth Units is the distance - 25km/30mins drive, and 57km/50mins drive respectively (assuming by car in non-peak traffic). The fuel and time costs for the midwife and pregnant person is prohibitive. An LMC midwife has clients across the Hutt Valley, to add further travel requirements is not viable with an already overstretched caseload.

Other barriers are that LMCs in the Hutt Valley are not familiar with CCDHB facilities and they need to take the time to do an orientation at Wellington Hospital (8 hours), Kenepuru and Paraparaumu, and we note that some of the online policies and systems do not yet appear to be in place for this 2DHB approach.

Are the District Health Boards (DHBs) obligated to provide primary birthing facilities?
The Ministry of Health (MOH) provides DHBs with a set of standards to ensure the provision of equitable, safe and high-quality maternity services throughout New Zealand. The three standards are:
1. Maternity services provide safe, high-quality services that are nationally consistent and achieve optimal health outcomes for mothers and babies
2. Maternity services ensure a woman-centred approach that acknowledges pregnancy and childbirth as a normal life stage.
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.

As Te Awakairangi Birthing Centre is set to close, the Hutt Valley DHB will no longer have a primary birthing facility and will not meet the standard three audit criteria that the appropriate levels of primary maternity services and facilities are identified and available. It has been suggested that the upgrade of the Hutt Maternity ward will contain primary birthing rooms/units, however completion of this work is a significant time away and the rooms/units will still be located within the maternity ward of the Hutt hospital (as far as we understand) where secondary services are located and the staff will cover both services.

Midwives

What is the difference between Lead Maternity Care Midwives, Community Midwifery Teams and a Core Midwife?

Lead Maternity Care (LMC) Midwives.

These midwives are also referred to as “midwives in the community”, “community-based midwives”, or “independent midwives”. They are self employed, paid by the Ministry of Health (directly through Section 88) and provide continuity in the care of a pregnant person throughout their antenatal care, labour, birth and the first 6 weeks postnatally. LMC Midwives can work in a team or individually, with a back-up midwifery system in place. LMC midwives are able to choose which settings they offer their clinical midwifery support. If they choose to work in a birth centre or hospital environment, they need an access agreement with that facility.

Community Midwifery Teams (CMT)

These were mainly set up to cater for the needs of all those who could not find an LMC for their care. These midwives are employed directly by the District Health Board (DHB) and work from community clinics located both inside and outside of the hospital.

A point of difference in the Hutt Valley DHB (HVDHB) is that birthing people under their CMT have no choice in their place of birth. When they go into labour, they have to be cared for by whichever midwives are on shift on the maternity ward (Core Midwives - see below). CMT midwives are also limited by HVDHB to only offer antenatal and postnatal care and they do not attend the birth.

Core Midwives aka Hospital Midwives

These midwives are employed by the DHB and work in shifts on the maternity and postnatal ward at the hospital of usually between 8-12 hours, although due to under-resourcing this can vary. They also provide antenatal follow-up appointments referred from the community and offer labour, birth and postnatal care while women are on the Hutt Maternity ward.

Birth Centre Midwives

There are some “Core Midwives” who staff the Birth Centre on a shift rotation (at TABC these were 12 hour shifts). They are employed by and work for the Birth Centre. (There are LMC midwives who have an access agreement with the Birth Centre so that they can offer labour, birth and postnatal care at the Birth Centre, see above for LMC definition.)

Who pays our midwives?

- Lead Maternity Carer (LMC) Midwives have a contract with the Ministry of Health that outlines their payment terms (through Section 88). They get paid through a Practice Management System or Service (such as Expect or MMPO) regardless of where they provide birth support (eg. home, birth centre or hospital).

- Community midwifery team midwives and core midwives are employed and paid directly through the District Health Board (DHB).
- Birth Centre Midwives are employed and paid by the Birth Centre.

Why are we ALWAYS hearing about the midwives - I thought they'd been sorted out with higher pay already?

All midwives have been fighting for **many** years for pay equity which has not yet been achieved. Although there have been small gains made in this area, midwives are still not fairly compensated for the work they do. This undervaluing of midwives by the government has led to the low numbers of midwives in communities and has compromised the safety of birthing whānau.

Self-employed LMC midwives took part in action in the High Court in 2018 against the National Government, instigated by the NZ College of Midwives, alleging discrimination on the basis of gender. The case went to mediation at the request of the government, an agreement was reached, however the government did not meet their obligations from the original agreement. More details available here.

Employed midwives had a pay equity claim lodged by the MERAS Union (Midwifery Employee Representation & Advisory Service) on behalf of those working within DHBs and non-DHB maternity units. Neither of these courses of action have yet resolved the pay issues facing this sector. This is the reason for the more recent midwifery strikes in August 2021 - some of which had to be postponed due to lockdown.

Te Awakairangi Birthing Centre

How long has Te Awakairangi Birthing Centre (TABC) been operating?
TABC opened to birthing people on 16 July 2018. The closure date of 23 September 2021 has now been confirmed by TABC, this means the birthing centre will have been operating for just over three years when it shuts.

Is Te Awakairangi Birth Centre (TABC) run as a business?
No. TABC is owned by the Wright Family Foundation Trust (WFFT) which is a charitable trust. WFFT funded the setting up of TABC and has continued to cover all running costs since TABC was opened. TABC has run a $1.4 million loss during the time it has been open.

For the three years it has been in operation, there has been no charge for people to give birth here.

Do the Wright Family Foundation Trust (WFFT) own any other Birth Centres?
WFFT also has Birth Centres in Tauranga and Māngere. These Birth Centres have contracts with their local District Health Boards who provide funding that helps with covering running costs.

WFFT also set up a Birth Centre in Palmerston North. Here is a recent article about its current situation .

The Wright Family Foundation Trust (WFFT) runs a Birth Centre in Tauranga and Māngere - specifically how do they work in terms of funding and contract with the local DHB?
Hutt Families for Midwives have asked for this information, but have not been provided with an answer.

Who is allowed to give birth at Te Awakairangi Birthing Centre (TABC)?
TABC is a primary care facility for healthy people of all ages with low-risk pregnancies, planning to have a birth without intervention. Anyone wanting to give birth there needs to be booked in advance by a Lead Maternity Carer who holds an access agreement with the birthing centre.

Do you have to pay to give birth at Te Awakairangi Birthing Centre (TABC)?
No - birthing at TABC is **free** for all birthing people eligible for free health care in New Zealand, including two nights of postnatal care.

Birthing people who are not eligible for free health care in New Zealand are also able to give birth at TABC but there is a cost payable (to TABC).

People who do not birth at TABC can elect to transfer there to receive postnatal care on a case-by-case basis (this is also dependent on TABC's policy at the time). There is a cost for this 'postnatal only' care.

Why is Te Awakairangi Birthing Centre (TABC) so underutilised?

The numbers of people birthing at TABC are NOT a true reflection of the number of birthing people wishing to use this space. Some of the reasons are:

- Not enough promotion by the Hutt Valley District Health Board (HVDHB) or TABC that the centre was free for users.
- There is a Lead Maternity Carer (LMC) midwife shortage across the Hutt Valley. For a large number of birthing people, this means they are not able to find an LMC and fall under the care of the Community Midwifery Team (CMT) at Hutt Hospital.
- Pregnant people registered with CMT are not offered the opportunity (by the DHB) to birth there (TABC would welcome them)
- There is a lack of education for, and communication to, pregnant people of the evidence base of the safety of primary birthing facilities for birthing women/people with low-risk pregnancies. This means some people are unaware that they may be able to birth at a location other than the hospital (Hutt Maternity ward).

What is the ethnicity breakdown for people who have birthed at the Te Awakairangi Birthing Centre (TABC)? And why isn't it higher for Māori?

Evidence supports that primary birthing facilities are more responsive to the birthing needs of Māori (see Evidence Paper).

DHB population figures show that 18% of people within the Hutt Valley DHB area are Māori. The Wright Family Foundation Trust data shows that 18% of the people who registered to birth at TABC between 1 July 2018 and 1 July 2020 were Māori. This shows that Māori were accessing TABC at a rate proportional to the Hutt Valley population. Note the number of Māori who have accessed TABC may not be an accurate reflection of the number of Māori who have wanted to give birth there. We know there are barriers for Māori accessing TABC. One significant barrier is the LMC shortage, which means many Māori are under the care of the Community Midwifery Team (CMT) (and CMT midwives have not been supported by the DHB to use the Birthing Centre).

We are currently working on providing a te ao Māori perspective on access and barriers for Māori using TABC.

How many births per year would be full utilisation of Te Awakairangi Birthing Centre (TABC)? And additional post-natal stays?

Hutt Families for Midwives have asked for this information from TABC, but have not received an answer. TABC is a 12-bed facility.

Could Te Awakairangi Birthing Centre (TABC) become a place that is only accessed by those that can afford to pay for their stay?
This is an option that could be considered but this would **not** provide equitable access to a primary birthing facility and would result in inequitable outcomes for the community. Hutt Families for Midwives believe that access to primary birthing spaces should be available to **ALL** healthy birthing people with low-risk pregnancies at no cost, including those that are under the care of the Community Midwifery Team (CMT).

Why can some women not birth at a Birth Centre due to being told they are "high risk", yet are okay to birth at home?
Primary birthing facilities are provided for healthy birthing people with low-risk pregnancies. There are some guidelines in place for who can birth in a primary birth facility. Pregnant people with complex care needs have no restrictions on birthing at home as long as they are making fully informed decisions and their Lead Maternity Carer (LMC) has agreed to support them.

If a pregnant person feels that their LMC is not supporting her informed decisions about where they want to birth, then according to Section 88 and Consumer Information they can break the contract at any time, by changing their LMC. It is more subject to interpretation as to whether an LMC can break the contract in a similar way. If the LMC does not agree to support them in their chosen birth place, due to their complex needs, the LMC could withdraw their care but would be obligated, under midwifery *ethical* guidelines, to help their client find another LMC to take over their care.

What other services are provided out of Te Awakairangi Birthing Centre (TABC)?
- Antenatal classes
- Breastfeeding support and education from Lactation Consultant and midwives
- Maternal mental health support
- A number of LMC midwives run their clinics out of TABC
- Local midwives have held their education days there
- Local midwives have held meetings there

What will happen to the additional services that run out of Te Awakairangi Birthing Centre (TABC) facility when it closes?
The Wright Family Foundation Trust have said the Birth Centre will be "mothballed" but have indicated services running out of the Education Room can continue. We have been unable to get any comment on how long this will be for. The Midwives that currently run clinics out of TABC will have to find new clinic spaces.

How long does Te Awakairangi Birthing Centre (TABC) have a lease on the premises for and at what cost?
TABC told Hutt Families for Midwives (HFFM) that the lease is 10-12 years. HFFM have requested more specific details, but have not received an answer.

Hutt Maternity Ward

What does "code red" mean for maternity?
The colour coded tool is part of a system used by hospitals throughout New Zealand to manage staff shortages and capacity demands. When a maternity unit moves up a colour or alert level this activates an escalation plan to ensure birthing whānau and staff are kept safe.

If the Hutt Maternity ward goes into code red, the capacity and/or staffing levels are considered critical and there can be no further maternity admissions. This means birthing people are diverted to Wellington Hospital until the "code red" is lifted - or further afield if Wellington Hospital is also in code red.

How many times has Te Awakairangi Birthing Centre (TABC) stepped in to admit patients from the Hutt Maternity ward when they are in code red?
Hutt Families for Midwives (HFFM) have asked for this from TABC, but have not had a response.

HFFM understands from TABC that they have not received any financial compensation for the times they have accepted Hutt Hosptial's Maternity ward overflow of birthing people, for their postnatal care.

How long can you stay at the Hutt Maternity ward after your baby's birth?
You are legally allowed 48 hours of postnatal care at the hospital. Hutt Families for Midwives have received stories from local whānau detailing how they have had to leave Hutt Maternity soon after giving birth (and before they are ready) because of a lack of space. Alternatively people choose to leave early because of the stressful and under-resourced environment.

Don't most birthing women/people in the Hutt Valley choose to give birth at Hutt Hospital?
No. Birthing people in the Hutt Valley have very little choice, if any, in where they birth at the moment for the following reasons:

- Hutt Valley District Health Board (HVDHB) does not have a primary birthing facility.
- There is a midwifery shortage across the Hutt Valley.
- Those registered with the Community Midwifery Team are unable to plan birth at home or in the birth centre due to restrictions placed on the team by the HVDHB.

DHB funding for maternity in the Hutt Valley

What does it mean when people say "the funding should follow the women/birthing people"?

The District Health Board holds **all** the Population Based Bulk Funding for maternity.
As that funding is not ring-fenced, when people birth in primary settings such as home or the Birth Centre, that money does not transfer to the service provider.

Does the Hutt Valley District Health Board (HVDHB) provide funding for births that happen at Te Awakairangi Birthing Centre (TABC)?

No. HVDHB receives Population Based Bulk Funding for maternity services and facilities for the people birthing in their district. Part of this bulk funding is for primary birthing services and facilities. However the Hutt hospital does not currently provide primary birthing facilities.

The birthing community, among others, have been advocating for the funding to follow the birthing whānau. This means that the funding for births would be transferred to where that person chooses to birth.

What is the difference in cost between a woman staying on the hospital maternity ward vs at Te Awakairangi Birth Centre (TABC)?

The average cost of a spontaneous vaginal delivery in Hutt Hospital is $2777.42, and the average cost of a 48-hour postnatal stay in Hutt Hospital is $2890.56 (acc: Official Information Action request from August 2019).

Hutt Families for Midwives (HFFM) have asked the Wright Family Foundation Trust (WFFT) for specifics about the average cost of a birth and 48-hour postnatal stay at TABC to compare costs, but have not received this information.

All HFFM can say is that, there have been 600 births that have taken place at TABC since it opened. If those people had given birth at the Hutt Maternity ward instead, the cost to the Hutt Valley District Health Board (HVDHB) would have been a minimum of $3.4million.

That is the lowest cost possible, without taking into consideration other factors.
It is known from research and midwifery experience, that when a healthy person with a low-risk pregnancy chooses to birth in a hospital rather than a Primary Birthing Environment, they have four times the likelihood of having a caesarean (Farry, A 2019). Evidence shows that this could increase costs to the HVDHB by 2-3 times.

Why should the Hutt Valley District Health Board (HVDHB) fund Te Awakairangi Birthing Centre (TABC) when the Hutt Maternity ward is so run down?

Hutt Families for Midwives (HFFM) supports upgrades to the Hutt Hospital secondary services. However, we also strongly support that both secondary AND primary services need to be available in the Hutt. There is a strong evidence basis for primary birthing facilities including:

- Birthing in a primary birthing facility is more culturally responsive to birthing choices for Māori.
- Birthing in a primary birthing facility is clinically safe for healthy people with low-risk pregnancies and results in less birth trauma.
- Having a primary-birthing unit in a region frees up space in hospital for women who do need, or choose, to birth in a hospital setting with specialist care.
- Primary birth costs less in a primary birthing facility than it does in the hospital.
- Midwives enjoy working in a birthing centre, which is important to support midwives retention at a time of dwindling numbers of lead maternity carers.

For more information on the evidence base behind these statements click here.

Why fund the birth centre when the District Health Board (DHB) has said that Hutt Hospital will have primary birthing spaces by 2023?

- From 24 September 2021, once Te Awakairangi Birthing Centre (TABC) is closed, there will be no primary birthing facility in the Hutt Valley so creating a facility by 2023 is of no help to those birthing **now** and up until that time.
- Hutt Families for Midwives have been made aware that detailed plan designs are being developed for Hutt hospital including “dedicated primary birthing/postnatal rooms”. A birthing room within a hospital is not the same as having a stand alone facility.
- Having a stand alone birth centre helps retain midwives currently working in the Hutt Valley.
- The community has been asking for this for years and this feedback should be actively used.
- The DHB Executive teams have been talking about providing either a Primary Birthing Centre (CCDHB) for more than a decade, or primary birthing room/s (HVDHB) for several years. The community has seen little progress, and now do not trust that 2023 is a realistic timeframe.

How much would it cost to fund Te Awakairangi Birthing Centre (TABC) for a year?

TABC gave Hutt Families for Midwives (HFFM) a figure of $1.5 million to fund the birth centre for a year. HFFM have asked for more specific information on this, but have not received an answer.

Why does the District Health Board (DHB) not ask consumers what they want and need? Shouldn't that be a huge part of their decision making process in spending our tax dollars?

The Ministry of Health has a set of Maternity Standards that are meant to guide funding decisions. A part of this is that DHBs must work with consumer groups to identify the needs of their population and provide appropriate services accordingly. While we know that the Hutt Valley DHB has consumer groups and a 'Consumer Council' it is unclear how this consumer feedback is being genuinely taken into consideration. Especially given there is significant positive consumer feedback from those who birthed at Te Awakairangi Birthing Centre[1], as well as significant ongoing community support and campaigning for a primary birthing facility in the Hutt Valley DHB area, that has not been addressed for many years.

[1] *Hutt Families for Midwives. Te Awakairangi Birth Stories. online*

Te Awakairangi Birthing Centre Closure

What impact does the closure of Te Awakairangi Birthing Centre (TABC) have?
The closure of TABC will have many far reaching consequences, including:

- **Increased pressure on the Hutt Maternity ward** - closure of TABC means more births happening at the Hutt Maternity ward at a time when they are already at or beyond capacity and staff shortages. This will increase the negative outcomes for birthing people, babies, whānau and staff.
- **Increased interventions for healthy people with low-risk pregnancies** - birth that happens in a hospital setting has much higher rates of intervention.
- **Increased rates of birth trauma, Post Traumatic Stress Disorder (PTSD) and mental health issues** - research shows that people birthing in a primary birth setting have higher levels of satisfaction, positive experiences and less birth trauma. Birth trauma is becoming more prevalent and recognised, and the effects can be long lasting and impact the whole birthing whānau. Midwives and maternity staff also suffer from trauma and PTSD. They are working within a maternity system in crisis.
- **Further loss of Lead Maternity Carer (LMC) midwives** - midwives enjoy working in primary birth spaces because they are midwifery led, they are birthing person centred, culturally responsive and support physiological birth. Hutt Families for Midwives (HFFM) have been told by midwives that we will **lose more LMC midwives** at a time when numbers are already drastically low.
- **Even fewer choices for birthing whānau -** there is no other primary birthing facility in the Hutt Valley so choice is already limited and this is compounded by the low numbers of LMC midwives available.

Now that the Te Awakairangi Birth Centre (TABC) has confirmed its closure, is there anything the District Health Board (DHB) could do to reverse that decision?
Yes, by providing postnatal funding. The Wright Family Foundation Trust (WFFT) have said that they could keep TABC open if they had this funding.

What discussions have been taking place between the Hutt Valley DHB and the Ministry of Health around the potential closure of Te Awakairangi Birthing Centre (TABC)?

The Health Minister and Associate Minister for Health have confirmed that they have not recently discussed the closure of TABC with the DHB. This confirmation was provided through written answers to National MP Chris Bishop, who has responded with further questions. To read the full list of questions click here: Written questions - New Zealand Parliament (www.parliament.nz)

Te Awakairangi Birthing Centre (TABC) has confirmed it is closing - does Hutt Hospital have the capacity to cope with these extra births?
The Hutt Maternity ward is already finding itself in "code red" at times (Hon Dr Ayesha Verrall noted seven recorded code reds so far in 2021, up from two recorded code reds in 2020 - see here for the full question and answer).

There are currently (as at August 2021) 14.43 FTE vacancies across Hutt Valley District Health Board (HVDHB) maternity service. The closure of TABC will result in a higher demand for this service. The HVDHB has been asked, but has not provided any information to their community about how they will manage the additional demand that closure of TABC will create.

What does this mean for all the people that have already planned to give birth at Te Awakairangi Birthing Centre (TABC) this year?
Many pregnant people had already planned to give birth at TABC in the coming months. As TABC has now confirmed it will be closing, these pregnant people will be left with the limited choice of birthing at hospital or at home, if they can find an LMC midwife who provides support for home birth. We recognise for many people home is not an option due to the shortage of Lead Maternity Carers (LMCs), housing instability or unsuitability, or preference to birth in a facility set-up for birthing.

The Wright Family Foundation Trust (WFFT) has said they will mothball the facility - what does that mean?
Mothballing is a practice in which a company keeps equipment in working order, but not in use. Hutt Families for Midwives have not yet heard from the WFFT how long they will mothball the facility for, or what the plan is at the end of the mothball period.

Would the Wright Family Foundation Trust (WFFT) consider allowing the Community of Midwives and Parents/Community members (if it could work out how to get the funds together) to take the lease over - would this be legally possible?
Hutt Families for Midwives have asked for this information, but have not been provided with an answer.

Would the Wright Family Foundation Trust consider leaving the existing chattels and assets if a community/midwifery group were able to form a collective to take on the lease? If so, at what cost?
Hutt Families for Midwives have asked for this information, but have not been provided with an answer.