

**MATERNITY SERVICES -
SECONDARY AND TERTIARY
MATERNITY SERVICES AND FACILITIES
TIER LEVEL TWO
SERVICE SPECIFICATION**

Previously the Secondary Maternity Service specification (2003) and the Tertiary Maternity Service specification (2003)

STATUS:

MANDATORY

Approved to be used for mandatory nationwide minimum description of services to be provided.

Review History	Date
Published on NSFL	October 2011
Working Party review of Secondary Maternity Service and Tertiary Maternity Services service specifications (2003) This specification consolidates the previous secondary maternity services and facilities, and tertiary maternity services and facilities specifications. Developed jointly by the Ministry of Health with a working group of DHB and professional bodies representatives to reflect current status and requirements for DHB-funded Primary Maternity Facilities. Aligns with the New Zealand Maternity Standards and provides guidance to DHBs in implementing the Maternity Quality Initiative.	July 2011
Minor Amendment: removed reference to W03020 as this purchase unit is invalid	April 2015
Consideration for next Service Specification Review	Within five years

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Nationwide Service Framework Library website: www.nsfl.health.govt.nz/

**MATERNITY SERVICES
SECONDARY AND TERTIARY MATERNITY SERVICES AND FACILITIES
TIER LEVEL TWO
SERVICE SPECIFICATION
W03002, W03003, W03005, W03006, W03007, W03008, W03009, W03010, W03011,
W03012, W10PRE, W10001**

This service specification applies to all District Health Board (DHB) funded secondary and tertiary maternity facilities and services.

This tier two service specification for secondary and tertiary maternity facilities and services must be used in conjunction with:

- the tier one Maternity Services – DHB-funded Service Specification.

This service specification also links with:

- other tier two service specifications for maternity services, including: DHB-funded primary maternity services, DHB-funded primary maternity facilities, and pregnancy and parenting education
- the Primary Maternity Services Notice 2007, pursuant to section 88 of the New Zealand Public Health and Disability Act 2000 (the Primary Maternity Services Notice).

Refer to the tier one service specification headings for generic details on:

- Service Objectives
- Service Users
- Access
- General Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to all service delivery.

1. Service Definition

The Service includes secondary and tertiary maternity services and facilities as defined in the tier one service specification for DHB-Funded Maternity Services. Secondary Maternity Services are those provided where women and / or their babies experience complications that need additional maternity care involving Obstetricians, Paediatricians, other Specialists and secondary care teams. Tertiary Maternity Services are additional maternity care provided to women and their babies who have highly complex clinical needs and require consultation with and / or transfer of care to a multidisciplinary specialist team.

The Service also includes primary maternity-level care provided in these facilities. All primary maternity services provided within the secondary or tertiary maternity facility, will be provided in accordance with the DHB-funded Primary Maternity Services tier two service specification.

2. Service Objectives

The Service will provide pregnant, birthing and postpartum women, and their babies, with more complex maternity care that includes input from specialist and other hospital-based services.

See the tier one Maternity Services service specification.

3. Service User

Eligible women and their babies assessed as needing additional care during the antenatal, labour and birth, and postnatal period until six weeks after the birth, will have access to the secondary and / or tertiary services that are clinically indicated for their individual need.

Eligible women who do not require secondary or tertiary services may access secondary or tertiary facilities for labour and birth, and the postnatal period. You will ensure that these women receive primary maternity services, as secondary and / or tertiary services are not clinically indicated.

4. Access

4.1. Entry Criteria

4.1.1. You will accept referrals from:

- a. Lead Maternity Carers (LMCs), in accordance with the Maternity Referral Guidelines
- b. Health care practitioners who are not an LMC, where the woman or her baby requires access to a Secondary or Tertiary Maternity Service
- c. Self-referrals where women who are not registered with an LMC arrive at the Facility in labour, or requiring urgent antenatal or postnatal care
- d. Other secondary and tertiary services and facilities.

4.1.2. Entry to the service and/or facility occurs:

- a. for a consultation or assessment of the woman and / or baby on receipt of a written referral (or verbal referral in urgent circumstance, with confirmation in writing as soon as possible) as described in clause 4.1.1 of this service specification, and in accordance with the Maternity Referral Guidelines
- b. on admission of the woman and / or baby for some other maternity-related matter requiring access to inpatient secondary or tertiary maternity services.
- c. on admission of the woman and / or baby for labour and birth
- d. for a planned transfer of clinical responsibility for care, when:
 - i. a three-way discussion has occurred between the specialist, the LMC and the woman concerned; and
 - ii. the woman agrees to a transfer of clinical responsibility; and
 - iii. this transfer is documented by the LMC and the Specialist in the clinical notes; and
 - iv. is in accordance with the Maternity Referral Guidelines for transfer of clinical responsibility.
- e. for an emergency transfer of clinical responsibility, when there is a face-to-face transfer of clinical responsibility to the secondary or tertiary maternity team and

the transfer is documented by the LMC and the Specialist in the clinical notes, and is in accordance with the Maternity Referral Guidelines.

4.2. Exit Criteria

4.2.1. Exit from the Service and / or Facility occurs:

- a. on discharge from the Facility to a health care practitioner providing primary maternity services, including LMCs funded under the Primary Maternity Services Notice, and DHB-funded Primary Maternity Services Provider; or
- b. on completion of consultation(s) or assessment(s), and documentation of any advice to the LMC and the woman, including any need for, and timing of, further consultation with and review by a Specialist; or
- c. on transfer of clinical responsibility from the Secondary and Tertiary Service to the LMC, following a discussion between the Specialist, the LMC and the woman concerned. The transfer is to be documented by the LMC and the Specialist in the clinical notes, and be in accordance with the Maternity Referral Guidelines; or
- d. on transfer between Secondary and Tertiary Services and/or Facilities.

5. Service Components

5.1. Settings

5.1.1. Secondary and tertiary maternity facilities will have sufficient assessment, antenatal, birth and postnatal rooms for the population serviced by the secondary and tertiary maternity services, and for the level of service provided. Facilities should also have sufficient assessment, antenatal, birth and postnatal rooms for primary births that take place in the secondary and tertiary facilities.

5.1.2. The facilities will include adequate space, equipment and consumables for:

- a. LMCs to undertake acute clinical consultations and examinations including antenatal cardiotocographs (CTGs) or other clinical examinations for assessment
- b. monitoring progress of labour and assisting with facilitating births
- c. equipment and services for caesarean section and assisted vaginal deliveries
- d. emergency resuscitation and care of mother
- e. emergency resuscitation and care of the newborn until transfer of care to neonatal services, if necessary
- f. newborn hearing screening, in accordance with any requirements of the Universal Newborn Hearing Screening Programme.

5.1.3. No patient other than a pregnant woman, postnatal woman or infant shall occupy assessment, antenatal, birth and postnatal rooms intended for the assessment and care provided as part of maternity services.

5.1.4. All women who have given birth within or on the way to a secondary or tertiary Facility will be provided with a bed in an acceptable clinical environment.

5.2. Support Services

5.2.1 The following services are to be provided as an integral part of these services:

- professional services – medical, nursing and allied health
- pathology services, including referrals to private laboratories by hospital medical practitioners
- diagnostic imaging services, including referrals to private diagnostic imaging services by hospital medical practitioners
- other diagnostic services referred to by hospital medical practitioners, eg, cardiography, spirometry, audiology, neurological testing
- operating theatres
- anaesthetic services
- sterile supply services
- pharmacy services
- nuclear medicine
- coronary care
- intensive care
- blood transfusion services
- supply or loan of equipment to support treatment, rehabilitation or aid mobility
- infection control
- chaplaincy services
- interpreter services
- services to ensure responsiveness to Māori such as kaumatua / community health worker services; whānau facilities.

5.3. Access Agreements

5.3.1. The Access Agreement contained in Schedule 3 of the Primary Maternity Services Notice is to be used by all facilities and LMCs.

5.4. Primary maternity services within a secondary or tertiary maternity facility

5.4.1. You will provide urgent antenatal assessment and care, as clinically required by a woman who:

- a. does not have an LMC
- b. is not able to contact their LMC or the LMC's backup
- c. is awaiting arrival of their LMC or the LMC's backup

5.4.2. When a woman who has registered with an LMC arrives at a secondary or tertiary maternity Facility in labour, you will:

- a. notify the LMC of the woman's arrival at the Facility (although it is expected that the woman will contact the LMC directly)
- b. provide care according to the woman's needs, until the LMC arrives
- c. be available to provide occasional support, when requested by the LMC and in negotiation with Facility staff; and
- d. provide physical assistance, if required

5.4.3. Where a woman who has not registered with an LMC arrives at a secondary or tertiary Facility in labour, you will arrange for labour, birth and postnatal services to be provided either by an LMC funded under the Primary Maternity Services

Notice, or by a Midwife who is employed or funded by you. Labour, birth and postnatal services include:

- a. all primary maternity care from the time of established labour, from initial assessment of the woman at her home or at a maternity facility, and regular monitoring of the progress of the woman and baby
- b. management of the birth
- c. all primary maternity care until 2 hours after delivery of the placenta, including updating the care plan, attending the birth and delivery of the placenta, suturing of the perineum (if required), initial examination and identification of the baby at birth, initiation of breast feeding (or feeding), care of the placenta, and attending to any legislative requirements regarding birth notification by health professionals
- d. All inpatient postnatal and neonatal care as required until care has been reassigned to an LMC or DHB-funded Primary Maternity Services Provider

5.4.4. You will ensure that a Midwife is available 24 hours per day, 7 days per week to provide support to the LMC (or to the LMC's back-up or other practitioner delegated to provide care in accordance with the Primary Maternity Services Notice) during labour and birth and the postnatal period.

5.4.5. You will supply midwifery support on request to enable the LMC to have appropriate rest periods in negotiation with staff employed by You.

5.4.6. You will provide midwifery care until a woman is clinically ready for transfer to a postnatal ward or other appropriate setting for postnatal care.

5.5. DHB-funded Hospital Midwifery Services for Women who have a General Practitioner or Obstetrician LMC under the Primary Maternity Services Notice, in a Secondary or Tertiary Facility

5.5.1. You will provide access to hospital midwifery services for labour and birth and postnatal care, where there is a prior arrangement between You and a general practitioner or obstetrician LMC in the manner described in the DHB-funded Primary Maternity Services Tier two service specification Clause 5.6.

5.5.2. For labour and birth, you will provide the following midwifery care in conjunction with the woman's GP LMC or Obstetrician LMC:¹

- a. all midwifery care from the time of presentation to the facility until 2 hours after delivery of the placenta

5.5.3. for inpatient postnatal services following birth, the GP or Obstetrician LMC will provide services, in accordance with the Primary Maternity Services Notice 2007, in conjunction with the hospital midwifery services until discharge.

¹ Note that the obligations of an LMC using hospital midwifery services during labour and birth are contained in clause DA23 (4) (a-d) of the Primary Maternity Services Notice

5.6. Secondary and Tertiary Maternity Services

5.6.1. In addition to the requirements of clause 5.4, you will provide:

- a. during specified times during normal working hours, a non-acute outpatient service for the assessment, diagnosis and treatment of women and their babies who are referred to the secondary or tertiary maternity service in accordance with the Maternity Referral Guidelines
- b. a 24 hour / day Outpatient service for the acute assessment, diagnosis and treatment of women and their babies who are referred to the secondary or tertiary maternity service in accordance with the Maternity Referral Guidelines
- c. a 24 hour/day, Inpatient service for women and their babies whose care is transferred to the secondary or tertiary maternity service in accordance with the Maternity Referral Guidelines
- d. a follow up service providing consultation with a Specialist, where appropriate until 6 weeks after birth.

5.6.2. The service includes, but is not limited to:

- a. the assessment, diagnosis and treatment of women who require a consultation with an Obstetrician or other Specialist and who are referred to the secondary or tertiary service in accordance with the Maternity Referral Guidelines
- b. the assessment, diagnosis and treatment of women whose care is transferred to the secondary or tertiary maternity service in accordance with the Maternity Referral Guidelines
- c. provision of, or facilitation of access to, amniocentesis or chorion villus procedure and tests where there is an increased risk assessment / screening result
- d. authorising, giving advice on, and performing inductions (see also clause 5.5.3)
- e. anaesthesia services for consultation relating to analgesia in labour which might include administration of epidural analgesia and its ongoing management, care and follow up of the woman
- f. all care in association with complicated deliveries, including operative vaginal deliveries and caesarean sections
- g. midwifery care for woman and her baby when clinical responsibility is with the secondary or tertiary maternity services team, including in cases where the clinical responsibility for the woman's care has been transferred to the secondary or tertiary team
- h. assessment, diagnosis and treatment of pregnant women and / or newborn babies who require a consultation with the neonatal service
- i. lactation advice from a lactation consultant when referred by an LMC or DHB midwife in line with referral criteria established by the DHB service.

When there is a decision between the secondary maternity team, the LMC and the woman for the LMC to remain involved in the midwifery care of a woman having an induction, you will:

- a. be responsible for negotiating with the LMC and the woman, a clear written management plan for the initiation of the induction and the ongoing management of the induction
- b. assist the LMC to provide care according to the clear written management plan for the induction and the wishes of the woman , until such time as labour is established and the LMC is in attendance
- c. provide the LMC reasonable notice of the need to be available to attend to the woman.

5.7. Transfer of Clinical Responsibility

5.7.1. You will accept transfer of clinical responsibility for women and their babies in accordance with the Maternity Referral Guidelines.

5.8. Emergency transfer from community settings and primary maternity facilities to secondary and / or tertiary maternity services and facilities

5.8.1. You will have a formal written policy for management of emergencies, which includes the procedure for responding to emergencies in Primary Maternity Facilities and other community-based settings. Your formal written policy will reflect the processes outlined in the Maternity Referral Guidelines.

5.8.2. Your formal written policy for management of emergencies, as described in the Maternity Referral Guidelines, will include the requirement for:

- a. an immediate response by an appropriate practitioner to provide advice, including by telephone
- b. an immediate response from an appropriate practitioner to provide emergency care once the woman and baby has been transferred from a Primary Maternity Facility or other community-based setting to the secondary or tertiary maternity facility
- c. facilitating with ambulance services around the availability of effective and timely emergency transfer ambulance services.

5.8.3. Where a request for emergency ambulance services is made using the national 111 answering facility and triage service, the costs of the emergency transfer from the community setting or primary maternity facility to a secondary and / or tertiary maternity facility is met through the Ministry of Health's national contract for emergency ambulance services. This includes the provision of land, water, and air emergency ambulance services².

5.9. Transfer from one secondary and/or tertiary maternity facility to another secondary and/or tertiary maternity facility

5.9.1. Where you have clinical responsibility for the woman and/or her baby and the woman and/or her baby is being transferred to another Secondary and / or Tertiary Maternity Facility, you are responsible for providing an appropriately qualified escort during the transfer.

² The Emergency Ambulance Services may charge the consumer a co-payment for emergency ambulance transport from the community setting or primary maternity facility to a secondary and/or tertiary maternity facility

5.9.2. The DHB of the woman's domicile pays for the transport where the woman and / or her baby is in a Secondary and / or Tertiary Maternity Facility and requires transport to another Secondary and/or Tertiary Maternity Facility.

5.10. Inpatient Postnatal Care

5.10.1. You will provide on-site midwifery postnatal care 24 hours per day, 7 days per week.

5.10.2. The Inpatient Postnatal Care provided by the Facility will include:

- a. midwifery care for mother and baby in accordance with the woman's written Care Plan and as directed by each woman's LMC or the Secondary or Tertiary Maternity Service
- b. contacting the LMC to inform her/him of any adverse changes in the well-being of mother and/or her baby or transfer within the hospital or to another hospital
- c. assistance with feeding the baby, following establishment of the first feed in accordance with the requirements of the Baby Friendly Hospital Initiative (BFHI), including infant formula when clinically indicated
- d. prescription, provision and administration of medications and blood products, including that prescribed by the LMC
- e. parenting education in liaison with the LMC
- f. emergency care, if required
- g. assistance with any planned postnatal transfer to another maternity Facility, or discharge to home.

5.11. Postnatal Stay and Transfer or Discharge from a Secondary or Tertiary Maternity Facility

5.11.1. Where the Facility's policy is to transfer to a Primary Maternity Facility for postnatal stay, the Facility will ensure the woman and her LMC are informed of the transfer policy at or prior to the Birth admission. For women booking to give birth at the Facility, information regarding this policy should be available at the time of booking.

5.11.2. Before transfer to a Primary Maternity Facility, the Facility will, in consultation with the woman and her LMC, ensure that:

- a. the woman is clinically ready for transfer
- b. the transfer occurs at an appropriate time, consistent with the woman's need for rest and recovery following Birth
- c. the woman has appropriate transport and any necessary support or assistance for the transfer.
- d. The receiving Facility is informed of the transfer

5.11.3. Where postnatal stay occurs in the Facility, postnatal stay begins following transfer to a postnatal ward or other appropriate setting for postnatal care.

5.11.4. The LMC (or where the woman does not have an LMC, the Secondary or Tertiary Service), in consultation with the woman and the Facility, will determine when the woman is ready for discharge home. The LMC (or, where the woman does not have an LMC, the Secondary or Tertiary Service), in consultation with the woman and the Facility, will identify reasons for a postnatal stay greater than 48 hours

The reasons for a postnatal stay longer than 48 hours may include:

- a. breastfeeding problems
- b. post-operative recovery
- c. ongoing medical problems
- d. psychological problems
- e. babies with special needs
- f. geographical isolation
- g. women who need to gain confidence in caring for their baby.

5.12. Processes prior to discharge from Secondary or Tertiary Maternity Facility

5.12.1. Where the woman does not have an LMC funded under the Primary Maternity Service Notice, or is not receiving DHB-funded primary maternity care under the tier 2 Primary Maternity Services Specification, you will have a mechanism for ensuring that prior to the mother and baby's discharge from the Facility, or the baby's transfer to a neonatal service:

- a. arrangements are made with either an LMC funded under the Primary Maternity Service Notice or with the DHB-funded primary maternity service to provide postnatal midwifery care
- b. sufficient information for registration on the National Immunisation Register (NIR) about each live birth will be transferred to the NIR and the NIR will be notified of any baby that is deceased (see clause 8.2).

5.13. Inpatient Key Inputs

You will supply:

- a. access to a sufficiently qualified multidisciplinary team in order to deliver optimal outcomes for the mother and baby. The multidisciplinary team will include Midwives, Obstetricians, Anaesthetists, Radiologists, Paediatricians, Lactation Consultants, Nurses, an Obstetric Physician or an appropriate physician with experience and a special interest in maternity, social workers and maternal mental health services, Māori support services, and allied health staff.
- b. hotel services that will include the provision of bed linen, towels, liners for birthing pools, patient meals, clinical and non-clinical consumables such as labour and birth packs, syringes, sterile fluids, nappies, toilet paper and sanitary pads sufficient for the entire period of stay.
- c. housekeeping and cleaning services for the Facility and equipment.
- d. administrative support for the electronic collection of clinical data required for admission and discharge processes, and submission to national maternity collections. This administrative support will be provided to all health care practitioners using the facility, including practitioners not employed by the DHB.³
- e. access to the facility for newborn hearing screeners, and an appropriate environment for newborn hearing screening that complies with any requirements of the Universal Newborn Hearing Screening Programme.

³ Note that under the Access Agreement, the practitioner is required to meet any reasonable administrative requirements of the facilities to the extent necessary to enable the facilities to run an efficient and co-ordinated service.

5.13.1. Outpatient Support Services

5.13.2. The Service will be able to access adequate support for outpatients from support services including:

- a. interpreting services, including deaf and New Zealand sign language
- b. specialist lactation consultants who can provide advice for women who experience breastfeeding complications.
- c. clinical support services, including imaging services, laboratory, and diagnostic tests
- d. medications and blood products as prescribed to the mother and baby as part of the outpatient event
- e. Ancillary Services, including sterile supplies and infection control
- f. support with grief and loss for families that experience bereavement or adverse outcomes.

6. Service Linkages

For the purpose of clarifying service boundaries, the Service is linked to but does not include the following:

Service Provider	Nature of Linkage	Accountabilities
Primary maternity care services, whether funded by the DHB or funded under the Primary Maternity Services Notice	Liaison and consultation processes Facilitate delivery of primary maternity services during labour birth and postnatal period by provision of suitable physical environment and midwifery support	The Facility service is interdependent with LMC services. The relationship between the Facility and the LMC is to be based on mutual respect and reasonableness, taking into consideration factors that are specific to the particular situation (such as rural factors). In order to support this relationship, the Facility will liaise with the Professional Colleges representing those LMCs who hold an access agreement with that Facility. Establish relationships, and processes for consultation, referral and transfer of care between primary maternity services and secondary and tertiary maternity services.
Private Obstetricians and other Specialists	Referrals from private Specialists to DHB-funded services for clinical assessment, treatment and intervention.	Clinical consultation and referral services that support continuity of care.
Neonatal Services	Liaison and consultation processes	Paediatrician services for babies who, in reference to the Maternity Referral Guidelines, require a Specialist consultation.

Service Provider	Nature of Linkage	Accountabilities
Gynaecology Services	Liaison and consultation processes	Specialist consultations and Inpatient services that relate to pregnancy may be provided as part of gynaecology services until the pregnancy is of 20 weeks gestation. This may include services for termination of pregnancy and miscarriage.
Public Health Services	Liaison and consultation processes	Support women's health promotion and education strategies
Counselling services, drug and alcohol services and maternal mental health services	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Other non-maternity inpatient services provided by the DHB Provider-Arm	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Infectious disease/HIV and requirements under the DHB service coverage schedule	Liaison and consultation processes	Support women's health promotion and education strategies, and limit risk of mother-to-child HIV transmission
Allied health, including dietician services, physiotherapists, social workers	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Māori provider services	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Newborn hearing screening for babies not screened while inpatient	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.

7. Exclusions

No public funding is to be made available for non-clinically indicated elective caesarean sections.

8. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

Refer to the tier one Maternity Services service specification.

9. Purchase Units and Reporting Requirements

9.1 Purchase Units are defined in the joint DHB and Ministry of Health's Nationwide Service Framework Data Dictionary. Purchase Units relating to Primary Maternity Services provided in a secondary or tertiary facility are included in the DHB-funded Primary Maternity Service tier two service specifications. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections and Payment Systems
W03002	First obstetric consultation	Antenatal and postnatal consultation in an outpatient setting by an obstetrician.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	National non Admitted Patient Collection (NNPAC)
W03003	Subsequent obstetric consultation	Antenatal and postnatal consultation in an outpatient setting by an obstetrician.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC
W03005	Amniocentesis	Consultations where an amniocentesis is taken as part of the consultation. This includes the actual consultation, the diagnostic test and the related laboratory costs.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC or National Minimum Data Set (NMDS)
W03006	Chorion villis sampling	Consultations where chorion villis sampling (CVS) is performed as part of the consultation. This includes the actual consultation, the diagnostic test and the related laboratory costs.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC or NMDS
W03007	Rhesus Clinics - multidisciplinary clinics	Rhesus clinics by multidisciplinary teams including specialist. Includes combined obstetric/physician clinics.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC or NMDS

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections and Payment Systems
W03008	Maternity foetal medicine clinics - multidisciplinary clinics	Maternity foetal medicine multidisciplinary / multifaceted clinics with obstetricians and physicians with either a long-term special interest in obstetric medicine or specific training in this area. The clinics include skilled midwifery staff providing continuity of care, allied health professionals and counsellors who provide cohesive services during each comprehensive single clinic visit.	Attendance	Number of attendances to a clinic/department/ acute assessment unit or domiciliary.	NNPAC
W03009	Foetal medicine / anomalies clinics - multidisciplinary clinics	Multidisciplinary clinics for referral for diagnosis, second opinion, consultation on or undertaking management and prenatal diagnosis for foetal anomaly. A component of this is the foetal medicine panel which is multidisciplinary with Obstetric and Gynaecologist specialists, paediatricians, geneticist, perinatal pathologist etc.	Attendance	Number of attendances to a clinic/department/ acute assessment unit or domiciliary.	NNPAC
W03010	Breastfeeding clinic / lactation clinic	Secondary level breastfeeding / lactation advisory service (excludes primary LMC, DHB employed/funded midwife advice)	Attendance	Number of attendances to a clinic/department/ acute assessment unit or domiciliary.	NNPAC
W03011	Maternity multidisciplinary non-specialist clinic	Non specialist multidisciplinary clinic for maternity clients Includes clinics involving midwives and multiple allied health practitioners	Attendance	Number of attendances to a clinic/department/ acute assessment unit or domiciliary.	NNPAC
W03012	Postnatal early intervention	Multidisciplinary (including specialists) postnatal services for at risk mothers and their babies. Health specialty code P50	Service	Service agreed locally.	NMDS or NNPAC

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections and Payment Systems
W10PRE	Maternity - preadmission visit	Preadmission visit for women having a planned Caesarean and other complex obstetric history paid for as part of CWD price. NOT PURCHASED FOR COUNTING USE ONLY	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	National Non-admitted Patient Collection (NNPAC)
W10001	Maternity inpatient (DRGs)	Defined in accordance with the New Zealand Casemix Framework For Publicly Funded Hospitals document.	Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	National Minimum Dataset (NMDS)

The Service must comply with the reporting requirements of national data collections where available.

9.2 Additional Reporting

The Service must collect all data for the Service in line with the data definitions for maternity services. This data must be readily accessible, at patient activity level, upon request by the DHB or Ministry of Health.