Introduction: Seeking feedback on the Discussion Document and new Notice

# Introduction

This consultation sets out the Ministry of Health’s proposed changes to the *Primary Maternity Services Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000* (the Notice).

The Ministry of Health is making these changes to safeguard Aotearoa New Zealand’s community-based continuity of maternity care model that values women and whānau and their right to holistic, compassionate and individualised care during pregnancy, birth and as new parents.

The consultation documents are available on the Ministry’s Consultation Hub. Feedback can also be submitted any time to [section88consultation@thinkplace.co.nz](mailto:section88consultation@thinkplace.co.nz).

This and any future iterations of the consultation documents, including the Notice, should be read as working drafts until the final Notice is gazetted.

# SURVEY SECTIONS

Part 1 First Assessment, Registration and Care Planning

Part 2 Lead Maternity Carer Antenatal Care

Part 3 Lead Maternity Carer Labour and Birth Care

Part 4 Lead Maternity Carer Postnatal Care

Part 5 Primary Maternity Single Services

Part 6 Lead Maternity Carer Travel

Part 7 Ultrasound Services

Future of maternity services in Aotearoa New Zealand

# Design principles for the Notice

**Whānau-centred**: services are planned and delivered according to what women and whānau need to achieve their best outcomes, there is special recognition of the rights and needs of whānau Māori.

**Fair**: work done equals work paid. Additional time and travel are compensated when it is provided

**Flexible**: services flex to meet varying levels of need throughout the maternity journey and flex to meet the different needs of different women and whānau. Services are delivered at times and at locations that work for women and whānau.

**Sustainable**: timing of payments supports business sustainability. Service specifications support sustainable clinical practice. Overall approach supports the sustainability of community-based continuity of care.

# Equity for Māori and the Notice

*“Māori have the right to experience equitable health outcomes through access to high-quality health and disability services that are timely, safe and culturally responsive to their aspirations and needs. Evidence shows that even when access to services is equal, Māori tend to receive lower-quality care. Equity is an integral component of quality.”*

*Whakamaua: Māori Health Action Plan 2020-2025, p47*

For Māori, we acknowledge that pregnancy and birth has unbreakable links to tupuna, whakapapa, whenua and whānau. Maternity services must hold space for mātauranga Māori pregnancy, birth and parenting practice and uphold mana motuhake for hapū wahine and whānau. Maternity funders must exercise effective kaitiakitanga over maternity services and must hold space for mana whakahaere to ensure services are planned and provided in a way that establishes tino rangatiratanga and upholds tikanga, kaupapa and kawa Māori.

We acknowledge that we must prioritise equity for Māori throughout the review process to ensure the new Notice achieves equity.

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# Your background

Knowing about you helps us make sense of the feedback you leave with us.

* Age
* Ethnicity

New Zealand European

Māori

Samoan

Cook Island Māori

Tongan

Niuean

Chinese

Indian

Other (please state)

* Where do you live?

In a small town

In a city

In a rural area

* How many babies have you had?
* Are you a health professional? **YES/NO**
  + - **If yes:** What is your profession?

# A brief overview of the discussion document

The essence of the changes to the Notice have been summarised here to make it easier for you to provide your feedback. If you would like to read the detail of the changes that are being proposed the Discussion Document is available to download on the Ministry of Health Consultation Hub Homepage.

## Part 1: First Assessment, Registration and Care Planning

The changes in this section are designed to facilitate the development of a partnership between a woman, her whānau and their chosen Lead Maternity Carer (LMC). It recognises that building a partnership requires time and needs to be individualised to the needs and context of the woman and her whānau. It also recognises the breadth of assessment, screening and education expectations, and non-contact time for referrals and the follow up involved with the first LMC contact, regardless of the stage of pregnancy. ­

We are proposing that there is a new module called *First Assessment, Registration and Care Planning* which will replace the current *Registration* module.

The purpose of this new module is to recognise the time and work involved in assessment and care planning, and the length of time between start of care, and eligibility to claim the antenatal care fees.

Q1. Do you agree with the proposed changes?  **Yes  No**

**Comments Box**

## Part 2: Lead Maternity Carer Antenatal Care

The changes in this section are designed to create responsive and individualised care based on the needs of the woman. It also supports payments across the period of services provided to LMCs.

We are proposing that there are several new modules which will replace the *First and second trimester* and some of the *Non-LMC services* currently listed in the Notice. We will split antenatal care into three payment modules that match the trimesters of pregnancy. There will be additional care modules added so that LMCs can be paid for the care they provide that is over and above standard care. There will be new modules to compensate LMCs when they provide care and advice to a woman experiencing a first trimester or second trimester pregnancy loss.

The purpose of these new modules is to allow LMCs to provide responsive and individualised antenatal care that is able to meet additional need either at specific times, such as during pregnancy loss, or across the entire antenatal period.

Q1. Do you agree with splitting the antenatal care modules to match the trimesters so that LMCs can get paid soon after they complete each module of care?  **Yes  No**

**Comments Box**

Q2. Do you agree with adding in modules to pay LMCs more when they provide additional care in the antenatal period?  **Yes  No**

**Comments Box**

Q3. Do you agree with adding in new modules to pay LMCs for the care they provide to women experiencing a first or second trimester pregnancy loss?  **Yes  No**

**Comments Box**

## Part 3: Lead Maternity Carer Labour and Birth Care

The changes in this section are designed to enable an LMC to be paid for the additional care required to support a woman through her first birth, a vaginal birth after a previous caesarean section, or a home birth. Fairer funding for labour and birth care supports LMCs to uphold the birth choices of women and whānau.

We are proposing name changes to the labour and birth modules as well as changing the claiming rules around Vaginal Birth after Caesarean (VBAC). We have also rescoped the current *Home birth supplies and support* module to become a *Home birth planning and supplies* module. This change will enable LMCs to visit women planning a home birth at their home during the third trimester to develop a plan for the labour and birth.

We know that the care provided at this time is significant in influencing outcomes and experiences. Responsive and individualised support from a known and trusted health professional during labour and birth has been shown to promote a positive birth experience. It also supports good birth outcomes for the woman and baby. Conversely, the consequences of trauma experienced during labour and birth have lifelong impacts on the whole whānau, affecting bonding, relationships, and mental and physical health.

Q1. Do you agree with the proposed change to the VBAC definition which will mean that LMCs get paid more for the extra care they provide to women having a VBAC?  **Yes  No**

**Comments Box**

Q2. Do you agree with the proposed change to the home birth module to include more of an emphasis on planning?  **Yes  No**

**Comments Box**

## Part 4: Lead Maternity Carer Postnatal Care

The changes in this section are designed to create responsive and individualised postnatal care based on the needs of women.

We are proposing that care provided after the birth should take place in a woman’s home, which will decrease the energy and effort required by the woman. We do not propose any changes to the current *Postnatal care – additional care* module. This module will be continued under the new Notice when the number of visits exceeds the number specified for standard care.

Q1. Do you agree that visits from your LMC after birth should be in your own home?  **Yes  No**

**Comments Box**

Q2. How many visits do you remember receiving from your LMC after the birth of your baby?

**Comments Box**

Q3. Ideally, how many visits from your LMC would you like to have in the first 6 weeks after the birth of your baby?

**Comments Box**

**\**

Q4. Do you think it is necessary for your LMC to visit you every day if you are staying in hospital after the birth of your baby, given that you will be receiving care from the hospital midwives?

**Yes  No**

**Comments Box**

## Part 5: Primary Maternity Single Services

There are several changes in this section. We are proposing that the current *Non-LMC services* and *Labour and birth (rural support)* become *Primary maternity single services* and are claimable by both general practitioners and midwives, LMCs and non-LMCs. We will revise these services to appear as single claimable modules for *First trimester single service, First trimester pregnancy loss, Transfer support, Rural support* and *Second midwife services.*

The purpose of changes to single service modules is to clarify the scope, and potential providers, of services delivered in support of LMC care. A module is a group of services provided by a midwife or doctor for a particular phase of pregnancy, the labour and birth, or in the six weeks after the birth of a baby.

Q1. Do you want midwives and doctors to get paid for the advice, care and support they provide to pregnant women, even if they don’t then choose that person as their LMC?  **Yes  No**

**Comments Box**

Q2. Do you agree with adding in a new module to pay midwives and doctors for the care they provide to women experiencing a first trimester pregnancy loss, even if that midwife or doctor isn’t their LMC?  **Yes  No**

**Comments Box**

Q3. Do you agree with separating out the transfer support and rural support into two modules?

**Yes  No**

**Comments Box**

Q4. Do you agree with adding in a new module to pay a second midwife to attend a birth in support of the LMC?  **Yes  No**

**Comments Box**

## Part 6: Lead Maternity Carer Travel

The changes in this section are designed to facilitate home visits from your LMC during your pregnancy, and after the birth, by fairly funding the LMC for the additional costs involved in travel over and above what is standard practice.

We are proposing a new funding approach for LMC travel. The *LMC additional travel* module would fund travel per kilometre, over a specified minimum threshold per trip (15km one way).

The purpose of this new approach is to fairly compensate for the actual costs incurred travelling to women’s homes to provide care is fundamental to achieving equity for all women and whānau, regardless of where they live.

Q1. Has your midwife ever said she cannot visit you at your home?

**Yes  No**  **Don’t remember**

**Please explain why:**

Q2. Do you agree with the proposed new approach to funding LMC travel across both the pregnancy and the postnatal period?  **Yes  No**

**Comment Box**

## Part 7: Ultrasound Services

We are not proposing any changes to ultrasound services but we are proposing to remove the Ultrasound Reason Codes from the Notice and make them available on the Ministry’s website. This will enable changes to be made to the schedule of ultrasounds without formally opening the Notice.

**We have some questions for you below to ask your opinion about pregnancy ultrasound scans**

Q1. Over the course of a pregnancy women should be offered two scans (screening for anomalies at around 12 weeks and checking the baby’s anatomy at around 20 weeks). Do you think this is enough?  **Yes  No**

**Comments Box**

Q2. Do you think you should you have to pay for pregnancy scans?  **Yes  No**

**Comments Box**

Q3. In your opinion, what is a reasonable cost for pregnancy scans?

They should be free

Under $20

$21-$30

$31-$40

$41-$50

$51-$60

$61-$70

$71-$80

$81-$100

$101+

**Comments Box**

# Future of maternity services in Aotearoa New Zealand

Q1. Would you like free and easy access to a care provider of your choice?  **Yes  No**

What is stopping this now?

**Comments box**

Q2. Would you like free and easy access to the birth environment (home, birthing centre, hospital) of your choice?  **Yes  No**

What is stopping this now?

**Comments box**

Q3. Would you like free and easy access to other therapies and services (mental health, physiotherapy, acupuncture, parenting support etc)?  **Yes  No**

What is stopping this now?

**Comments box**

Q4. What type of other services would you like access to?

**Comments box**

Q5. If you could choose three ways to invest time and/or money into maternity services, what would they be?

**Comments Box**

1.

2.

3.

Q6. Would you like to be considered for an interview or focus group to discuss the future of maternity services in more depth?  **Yes  No**

**Please leave your email below**

# Survey closing: General Feedback

Q1. Is there anything else you would like us to know?

**Comments Box**