

Primary Maternity Services Notice

DRAFT FOR CONSULTATION

Primary Maternity Services Notice 2021

Pursuant to section 88 of the New Zealand Public Health and Disability Act 2000, the Crown issues the following notice.

Title

- (1) This notice is the Primary Maternity Services Notice 2021.
- (2) In this notice the Primary Maternity Services Notice is called the “principal notice”.

Commencement

- (1) This notice comes into force on xx date 2021.
 - (2) This notice revokes and replaces in its entirety the Maternity Services Notice that came into effect on 1 July 2002 (published as a Supplement to the *New Zealand Gazette*, 24 April 2002, No. 40, page 1101) and the amendment to the notice that came into force on 16 December 2005 (published in the *New Zealand Gazette*, 3 November 2005, No. 183, page 4597). New amendment date to be added.
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PART A

INFORMATION ABOUT THIS SERVICE SPECIFICATION

A1 Title

This notice is the Primary Maternity Services Notice 2021.

A2 Commencement

This notice comes into force on xx date 2021.

Purpose and objectives

A3 Purpose of this notice

The purpose of this notice is to set out the terms and conditions on which the Crown will make a payment to a maternity provider for providing primary maternity services.

Defined in this notice: maternity provider, primary maternity services

A4 Objectives of primary maternity services

(1) The objectives of primary maternity services are to:

- (a) give each woman, her partner, and her whānau or family, every opportunity to have a fulfilling outcome to the woman's pregnancy and childbirth by facilitating the provision of primary maternity services that are safe, informed by evidence, and based on partnership, information, and choice; and
- (b) recognise that pregnancy and childbirth are a normal life-stage for most women; and
- (c) provide the woman with continuity of care through her Lead Maternity Carer (LMC), who is responsible for assessing her needs, planning her care with her, and the care of her baby; and
- (d) facilitate the provision of appropriate additional care for those women and babies who need it.

Defined in this notice: continuity of care, LMC, primary maternity services

Overview of this notice

A5 Revocation and transitional provisions

- (1) This notice revokes and replaces the previous notice.
- (2) The transitional provisions for revoking and replacing the previous notice are set out in this clause.

- (3) On and after the implementation date, this notice applies to persons who are eligible for primary maternity services (whether or not those persons are part way through a module under the previous notice immediately before the implementation date).
- (4) If, immediately before the implementation date, a person who is eligible for primary maternity services is part way through a module under the previous notice, the person will continue to receive care, but it will be for the remainder of the corresponding module in this notice.
- (5) If, before the implementation date, a claim is made, or may be made, in accordance with the previous notice, the previous notice continues to apply to that claim.
- (6) Despite subclause (5), no claim for services provided before the implementation date will be paid if the claim is received after xx date 2021.
- (7) If, on or after the implementation date, the care of a person who is eligible for primary maternity services is completed under this notice, but the care of that person was started under the previous notice, this notice applies to a claim for the care that has been provided under the previous notice and under this notice.
- (8) An authorisation that was granted to an individual practitioner under the previous notice and that is in effect immediately before the implementation date is to be treated as if it were an authorisation that has been granted under clause CA1(1), and this notice applies to the authorisation.
- (9) In this clause, unless the context otherwise requires:
 - (a) **implementation date** means xx date 2021
 - (b) **previous notice** means the Primary Maternity Services Notice (which was effective from 1 July 2007) and its amendments.

Defined in this notice: authorisation, claim, module, persons who are eligible for primary maternity services, practitioner

A6 Definitions and interpretation

- (1) The definitions and other interpretation provisions for this notice are set out in Part B.
- (2) Some key definitions include:
 - (a) **primary maternity services** (see clause B1);
 - (b) **persons who are eligible for primary maternity services** (see clause B2);
 - (c) **maternity provider** (see clause B3).

Defined in this notice: maternity provider, persons who are eligible for primary maternity services, primary maternity services

A7 General requirements for all primary maternity services

- (1) The general requirements that apply to all primary maternity services are set out in Part C.
- (2) The general requirements cover the following matters:
 - (a) authorisations (see subpart CA);
 - (b) the general requirements for providing primary maternity services (see subpart CB);
 - (c) claims (see subpart CC).

Defined in this notice: authorisation, claim, primary maternity services

A8 Specific requirements for each primary maternity service (including service specifications and payment rules)

- (1) The specific requirements that apply to each primary maternity service are set out in Part D.
- (2) The specific requirements (which include service specifications and payment rules) cover each of the following primary maternity services
 - (a) lead maternity care (see subpart DA);
 - (b) primary maternity single services (see subpart DB);
 - (c) primary maternity ultrasound services (see subpart DC).

Defined in this notice: lead maternity care, primary maternity service,

A9 Fees

- (1) The fees that may be claimed under this notice are set out in Schedule 1.
- (2) The fees are exclusive of GST.

Defined in this notice: claim, GST

Process for amending or revoking the notice

A10 Process for amending or revoking the notice (excluding amendments that consist of only fee increases)

- (1) This clause applies to a proposal to do any of the following:
 - (a) make an amendment to this notice that does not consist of only an increase to a fee in Schedule 1;

- (b) revoke this notice;
 - (c) issue a replacement notice.
- (2) If this clause applies, the Ministry of Health must notify the following organisations, in writing, of a proposal to amend, revoke or replace this notice:
 - (a) the New Zealand College of Midwives;
 - (b) the New Zealand Medical Association;
 - (c) other organisations that are recognised by the Ministry of Health as representing maternity consumers and the professional colleges of practitioners.
- (3) The Ministry of Health will send the proposal to amend, revoke or replace this notice and a proposed timeframe and process for consultation on the proposal to the organisations listed in subclause (2)(a) and (b).
- (4) The organisations listed in subclause (2)(a) and (b) will then have 10 working days to respond to the proposed timeframe for consultation. If there are no objections to the proposal the proposed timeframe for consultation will be used.
- (5) If an objection is received from any of the organisations listed in subclause (2)(a) or (b), then:
 - (a) the timeframe for consultation will be 12 weeks, starting from the date the proposal was provided to the organisations listed in subclause (2)(a) and (b); and
 - (b) the process for consultation will, to the extent practicable in the circumstances, include:
 - i. the giving of adequate and appropriate notice within the 12-week timeframe to those organisations listed in subclause (2)(c) of the proposal to amend the notice; and
 - ii. the provision of a reasonable opportunity for the organisations listed in subclause (2) to make submissions; and
 - iii. adequate and appropriate consideration of those submissions.
- (6) If, after the process set out in subclauses (2) to (5) is completed, the Ministry of Health decides to proceed with amending, revoking or replacing this notice (as applicable), the Ministry of Health will give every maternity provider 1 month's notice of the implementation of the amendment or the revocation or the replacement (as applicable).

- (7) A failure to comply with this clause does not affect the validity of any amendment to this notice, revocation of this notice, or the issue of a replacement notice (as applicable).

Defined in this notice: maternity provider, practitioner

A11 Streamlined process for amendments consisting of only fee increases

- (1) This clause applies to a proposal to make an amendment to this notice that consists of only an increase to a fee in Schedule 1.
- (2) If this clause applies, the Ministry of Health must notify the following organisations, in writing:
- (a) the New Zealand College of Midwives;
 - (b) the New Zealand Medical Association;
 - (c) other organisations that are recognised by the Ministry of Health as representing maternity consumers and the professional colleges of practitioners.
- (3) The Ministry of Health will notify the organisations listed in subclause (2) at least 4 weeks before notice of the proposed fee increase is published in the *New Zealand Gazette*.
- (4) The Ministry of Health may, but does not need to, consult on a proposed increase to a fee in Schedule 1.
- (5) The Ministry of Health will give every maternity provider 1 month's notice of the implementation of an increase to a fee in Schedule 1.
- (6) A failure to comply with this clause does not affect the validity of any increase to a fee in Schedule 1.

Defined in this notice: maternity provider, practitioner

A12 Default transitional provisions for amendments consisting of only fee increases

- (1) This clause applies to an amendment to this notice that consists of only an increase to a fee in Schedule 1, unless the amendment expressly states otherwise.
- (2) An amendment that expressly states that this clause does not apply (whether or not the amendment also includes its own set of transitional provisions) is to be treated as if it consists of only an increase to a fee in Schedule 1, and, to avoid doubt, the streamlined process set out in clause A11 still applies to the amendment.
- (3) An amendment to which this clause applies must specify a date on which the amendment becomes effective (**implementation date**).

- (4) If the applicable date of service for a payment to a maternity provider occurs before the implementation date, the fees that applied immediately before the implementation date continue to apply.
- (5) If the applicable date of service for a payment to a maternity provider occurs on or after the implementation date, the amended fees specified in the amendment apply.
- (6) In this clause, unless the context otherwise requires:
 - (a) **date of service**, in relation to a payment for a complete module fee, is the last date of the period to which the module or fee applies;
 - (b) **date of service**, in relation to a payment of a partial module fee, is either:
 - (i) for a first partial module fee claim, the date on which the woman changed LMC on the registration form; or
 - (ii) for a last partial module fee claim, the last date of the period to which the module applies
 - (c) **date of service**, in relation to a payment for a labour and birth module fee, is the date on which the service was provided to the woman.

Defined in this notice: claim, labour and birth, LMC, maternity provider, module

PART B

DEFINITIONS AND INTERPRETATION

B1 Definition of primary maternity services

(1) In this notice, **primary maternity services**:

- (a) means the following services:
 - (i) lead maternity care;
 - (ii) primary maternity services provided by a practitioner who is not the registered LMC; and
- (b) does not include any of the following:
 - (i) a negative pregnancy test;
 - (ii) a consultation by a practitioner for any other medical condition not related to pregnancy, including medical conditions exacerbated by pregnancy except where the service is included in lead maternity care;
 - (iii) a service given more than 6 weeks after the birth;
 - (iv) a service given more than 2 weeks after a miscarriage or termination of pregnancy;
 - (v) caesarean section;
 - (vi) dilation and curettage;
 - (vii) circumcision;
 - (viii) termination of pregnancy;
 - (ix) radiological imaging other than ultrasound;
 - (x) ultrasound scans not stated on the list of primary maternity codes, available from the Ministry of Health;
 - (xi) the following services, as defined in their respective service specifications for these, available from the Ministry of Health:
 - (A) maternity services;
 - (B) primary maternity facility/primary maternity services;
 - (D) secondary and tertiary maternity services and facilities;
 - (E) specialist neonatal inpatient and home care services;
 - (xii) the product cost of any vaccines provided;

- (xiii) a consultation in the second trimester or third trimester with a general practitioner for the purpose of a second opinion if the circumstances described in the service specifications for maternity non-LMC services do not apply;
- (xiv) other services not specified in this notice.

B2 Definition of persons who are eligible for primary maternity services

- (1) In this notice, unless the context otherwise requires, **persons who are eligible for primary maternity services**:
 - (a) means:
 - (i) a woman who is an eligible person;
 - (ii) a baby who is an eligible person; and
 - (b) includes a woman who is not an eligible person but whose baby is an eligible person.
- (2) For the purposes of subclause (1), **eligible person** has the same meaning as the definition of **eligible people** in section 6(1) of the Act.

B3 Definition of maternity provider

In this notice, unless the context otherwise requires, **maternity provider** means an organisation, a group practice, or an individual that provides primary maternity services.

B4 Definition of practitioner

In this notice, unless the context otherwise requires, **practitioner** means a general practitioner, midwife, obstetrician, paediatrician, radiologist or medical radiation technologist who is a maternity provider in their own right or is an employee or contractor of a maternity provider and holds a current annual practicing certificate.

B5 Other definitions

In this notice, unless the context otherwise requires:

Access Agreement means the generic agreement for access to maternity facilities, available on the Ministry of Health website

Act means the New Zealand Public Health and Disability Act 2000

additional postnatal visits means the fee payable to maternity providers if they have provided 11 or more postnatal visits to the woman and baby as part of postnatal care services

additional travel means a one-way trip of 15km or more made by an LMC as part of their job to provide antenatal or postnatal primary maternity care

authorisation means an authorisation granted by the Ministry of Health under clause CA1

back-up LMC means a practitioner who has a formal relationship with the LMC to provide maternity care to women registered with the LMC when they are not available to provide these services themselves

BFHI means the Baby Friendly Hospital Initiative launched by the World Health Organisation and UNICEF in 1992 and adapted for New Zealand as Baby Friendly Aotearoa

birth means a birth of a baby after a minimum of 20 weeks 0 days gestation and/or with a birth weight over 400 grams

care plan means the process by which the LMC and the woman develop a plan of care for the woman and her baby, and the documentation of this plan throughout the individual clinical notes pertaining to this woman

caregiver, in relation to a baby—

- (a) means the person who has the primary responsibility for the day-to-day care of the baby, other than on a temporary basis; but
- (b) does not include the mother of the baby

claim means a request for payment for maternity services that is sent to the Ministry of Health

continuity of care means maternity care provided within a philosophy that supports the LMC as the primary provider of care, often provided within a group practice to enable 24/7 service provision

DHB has the same meaning as in section 6(1) of the Act

DHB provider arm means a provider of health services that is a part of a DHB or wholly owned by one or more DHBs

estimated due date (EDD) means either the estimated date of birth of the baby, or the actual date of birth of the baby

established labour means the period from when labour is estimated to have commenced as measured by duration, frequency, and strength of each contraction

first birth means that a woman has not previously experienced a birth

first trimester means the period from the LMP date until 13 weeks and 6 days of pregnancy are completed

general practitioner means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of practice of general practice and holds an annual practicing certificate

group practice means 2 or more LMCs working together to provide back up and on-call support for each other as negotiated, in order to ensure 24/7 availability of primary maternity services

GST means good and services tax payable under the Good and Services Tax Act 1985

home birth means:

- (a) a birth that takes place in a person's home and not in a maternity facility, where there is a documented plan to birth at home; or
- (b) a birth for which management of the labour commences at home and there is a documented plan to birth at home

home birth planning and supplies means the payment that practitioners may claim for a homebirth

home visit means a consultation which can occur at any time during the pregnancy, labour and birth or postnatal period, between the woman and baby and a midwife at:

- (a) the home where the woman and/or baby is domiciled; or
- (b) a maternity facility where the woman has been discharged as an in-patient, but the baby remains as an in-patient

hospital midwifery services means the midwifery component of labour and birth provided by a DHB-employed midwife in support of an LMC

in-patient means that the woman and/or baby receives maternity services in an in-patient setting, being either admitted to a maternity facility or having received a consultation in a maternity facility of more than 3 hours duration

in-patient postnatal care means the maternity care a woman and baby receives if the woman remains in the maternity facility for 12 hours or more after the birth of the placenta

in-person means that the consultation takes place when the parties are present in the same room together, as opposed to a face-to-face consultation which can occur virtually

labour and birth means the period from the onset of established labour until birth of the placenta

last menstrual period (LMP) date means the estimated or actual date of the first day of the woman's last menstrual period

lead maternity care means to provide a woman and her baby with continuity of care throughout pregnancy, labour and birth, and the postnatal period as described in subpart DA

local travel means the expected distances an LMC travels as part of their job to provide primary maternity care, defined as up to 15km per one-way trip during the antenatal or postnatal period, or any personal travel during the provision of labour and birth care

maternity facility means a facility that provides maternity facility services in accordance with the service specification for maternity facility services available from the Nationwide Service Framework Library

midwife means a health practitioner who is, or is deemed to be, registered with the Midwifery Council (established by the Health Practitioners Competence Assurance Act 2003) as a practitioner of the profession of midwifery and holds an annual practicing certificate

miscarriage means a pregnancy that ends spontaneously before 20 weeks gestation

module means a group of services provided by a practitioner for a particular phase of pregnancy, labour and birth, or postpartum

National Health Index (NHI) means the record of unique identification numbers allocated by the New Zealand Health Information Service

National Immunisation Register (NIR) means the computerised information system that holds immunisation details of New Zealand children

on call means being available 24/7 by phone or pager, to provide telephone advice or in-person attendance for urgent or acute issues

postnatal care means the services provided in the period from 2 hours after the birth of the placenta until 6 weeks after the birth

pregnancy and parenting education means education provided to a group of expectant parents as described in the relevant service specification issued by the Ministry of Health

primary health organisation (PHO) means a provider contracted by a DHB for the provision of primary health services

primary health services means the services specified in the service specifications for essential primary health care services available from the National Service Framework Library

professional review process means participation in a process that is recognised by the practitioner's relevant professional council or medical college, as providing an assessment of the practitioner's practice and outcomes, including consumer experience

Referral Guidelines means 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

registration is the process by which a woman selects her LMC, the documentation recording this selection, and the sending of this information to the Ministry of Health

safety check is a product of the legislative requirement in New Zealand under the Children's Act 2014 for all children's workers to have passed an appropriate check of their suitability to work with children

scope of practice has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003

secondary maternity services:

- (a) means the services specified in the service specification for secondary maternity services available from the Ministry of Health; and
- (b) includes ultrasound scans and all midwifery services for caesarean sections

second midwife means the second midwife present at the labour and birth of a woman to support the LMC in the provision of safe maternity care

second trimester means the period of pregnancy from 14 weeks and 0 days of completed pregnancy until 27 weeks and 6 days of completed pregnancy

specialist means a practitioner who is an obstetrician, paediatrician or radiologist

specialist neonatal services means the specialist services for neonates who are born with additional needs, or develop additional needs prior to discharge, as described in the service specification for specialist neonatal in-patient and home care services available from the Ministry of Health

stillbirth means a birth after 20 weeks gestation where the baby shows no signs of life

subsequent birth means that a woman has previously experienced a birth

tertiary maternity services means the services specified in the service specification for tertiary maternity services available from the Ministry of Health and includes ultrasound scans

third trimester means the period of pregnancy from 28 weeks and 0 days until onset of established labour (or birth if this is a planned caesarean section or a caesarean section where no labour occurs)

transfer of clinical responsibility means the transfer of clinical responsibility for care of the woman and/or the baby, where the clinical decisions and decisions on the roles and responsibilities of all other practitioners involved with the woman's care rest with the specialist, taking into account the needs and wishes of the woman

vaginal birth after caesarean section (VBAC) means a vaginal birth for a woman who has had a previous birth by caesarean section, whether or not she has also had previous vaginal births

Well Child provider means a health care provider who provides primary health services for families, babies and children as described in the Well Child Tamariki Ora National Schedule

working day means a day of the week other than:

- (a) a Saturday, a Sunday, Waitangi Day, Good Friday, Easter Monday, Anzac Day, the Sovereign's Birthday and Labour Day; and
- (b) the day observed in an area as the anniversary of the province of which the area forms a part; and

- (c) a day in the period commencing with 25 December in a year and ending with 2 January in the following year; and
- (d) if 1 January falls on a Friday, the following Monday; and
- (e) if 1 January falls on a Saturday or a Sunday, the following Monday and Tuesday.

B6 Meanings of terms and expressions defined in the Act

Any term or expression that is defined in the Act and used but not defined in this notice, has the same meaning as in the Act.

B7 Parts of speech and grammatical forms

Grammatical variations of a word that is defined in this notice have corresponding meanings in this notice.

B8 Numbers

Words in the singular include the plural and words in the plural include the singular.

B9 Time

- (1) A period of time described as beginning at, on or with a specified day, act or event includes that day or the day of the act or event.
- (2) A period of time described as beginning from or after a specified day, act or event does not include that day or the day of the act or event.
- (3) A period of time described as ending by, on, at or with, or as continuing to or until, a specified day, act or event includes that day or the day of the act or event.
- (4) A period of time described as ending before a specified day, act or event does not include that day or the day of the act or event.
- (5) A reference to a number of days between 2 events does not include the days on which the events happened.
- (6) A thing that, under this notice, must or may be done on a particular day or within a limited period of time may, if that day or the last day of that period is not a working day, be done on the next working day.

B10 Interpretational aids: list of defined terms

- (1) The list of defined terms following a clause is included in this notice only as an interpretational aid. If there is conflict between an interpretational aid and a provision of this notice, the provision prevails.
- (2) If a defined term is used in a clause and is not included in the list of defined terms following the clause, the term is nevertheless used in the clause as defined.

PART C

GENERAL REQUIREMENTS FOR ALL PRIMARY MATERNITY SERVICES

Subpart CA—Authorisations

CA1 Granting authorisation

- (1) The Ministry of Health may grant an authorisation to a maternity provider if the Ministry of Health is satisfied that:
- (a) the maternity provider has properly completed the application form; and
 - (b) any reasonable conditions that the Ministry of Health requires for granting the authorisation have been met or will be met.

Defined in this notice: authorisation, maternity provider

CA2 Duration of authorisation

An authorisation continues in effect until it is terminated or lapses under this subpart.

Defined in this notice: authorisation

CA3 Withdrawal from providing primary maternity services

- (1) A maternity provider may, at any time, withdraw from providing primary maternity services under this notice by giving the Ministry of Health not less than 4 weeks' written notification.
- (2) Notification under subclause (1) terminates the maternity provider's authorisation and the relationship under this notice between the maternity provider and the Ministry of Health.

Defined in this notice: authorisation, maternity provider, primary maternity services

CA4 Exemptions

- (1) The Ministry of Health may exempt a maternity provider from a requirement of this notice, but only if the exemption is necessary to resolve a regional problem in relation to women's access to primary maternity services.
- (2) The exemption will be recorded in writing as if it were a variation to the authorisation of the maternity provider.

Defined in this notice: authorisation, maternity provider, primary maternity services

CA5 Termination or variation of authorisation by Ministry of Health

- (1) Subject to clause CA6, the Ministry of Health may terminate or vary an authorisation of a maternity provider if:
 - (a) the maternity provider, or a practitioner who works for the maternity provider, has not complied with that authorisation or this notice; and
 - (b) in the opinion of the Ministry of Health, it is unlikely that the maternity provider or practitioner (as applicable) will comply with that authorisation or this notice.

Defined in this notice: authorisation, maternity provider, practitioner

CA6 Process for terminating or varying authorisation by Ministry of Health

- (1) Before the Ministry of Health may terminate or vary an authorisation of a maternity provider under clause CA5, the Ministry of Health must:
 - (a) notify the maternity provider in writing of its intention to terminate or vary the authorisation; and
 - (b) provide written reasons for terminating the authorisation.
- (2) The maternity provider has 20 working days from receipt of the notification to:
 - (a) comply with the authorisation or this notice (as applicable); or
 - (b) satisfy the Ministry of Health that the authorisation or this notice (as applicable) will be complied with.
- (3) If, at the end of the 20-working day period, the Ministry of Health is not satisfied with the response from the maternity provider, it may give final notice of 5 working days of termination or variation of the authorisation.

Defined in this notice: authorisation, maternity provider, working day

CA7 Lapse of authorisation

- (1) An authorisation of a maternity provider lapses and ceases to have effect if:
 - (a) the maternity provider has not made a claim under this notice for a period of 12 months; or
 - (b) the maternity provider dies; or
 - (c) the maternity provider becomes bankrupt, or goes into liquidation or receivership (as applicable); or
 - (d) the maternity provider becomes a mentally disordered person within the meaning of the Mental Health (Compulsory Assessment and

Treatment) Act 1992 or becomes a person subject to a property order under the Protection of Personal and Property Rights Act 1988.

Defined in this notice: authorisation, claim, maternity provider

CA8 Consequences of termination or lapse of authorisation

- (1) The termination or lapse of a maternity provider's authorisation under this subpart does not affect the rights of:
 - (a) the Ministry of Health in relation to that authorisation or this notice; or
 - (b) the maternity provider in relation to a claim that the maternity provider would have been entitled to make, but for the termination or lapse of the authorisation under this subpart.
- (2) Subject to subclause (1)(b), a maternity provider is not entitled to claim for primary maternity services that have been provided after the relevant authorisation has terminated or lapsed (as applicable).

Defined in this notice: authorisation, claim, maternity provider, primary maternity services

Subpart CB—General requirements

CB1 Compliance with statutory, regulatory, legal and professional requirements

- (1) A maternity provider must ensure that all statutory, regulatory, legal, and professional requirements that apply to primary maternity services provided by them are complied with.
- (2) For the avoidance of doubt, a practitioner who is a maternity provider or who works for a maternity provider must comply with all statutory, regulatory, legal, and professional requirements that apply to the primary maternity services provided by them.
- (3) The requirements referred to in subclauses (1) and (2) include, without limitation, the following:
 - (a) the requirements of the Health Practitioners Competence Assurance Act 2003;
 - (b) the requirements of the applicable Regulatory Authority, including the Code of Ethics;
 - (c) the standards of the applicable professional college;
 - (d) guidelines or standards relating to maternity or care of the newborn, developed by the Ministry of Health in consultation with maternity and newborn providers, endorsed by the providers' professional body, and readily available;

- (e) the requirements of the Referral Guidelines (including, safe and timely referral and transfer practices);
- (f) the requirements of the Code of Health and Disability Services Consumers' Rights;
- (g) the requirements of the Privacy Act 1993 and the Health Information Privacy Code 1994;
- (h) the requirements of the Health (Retention of Health Information) Regulations 1996; and
- (i) the requirements of the Children's Act 2014 (formerly the Vulnerable Children Act 2014).

Defined in this notice: maternity provider, practitioner, primary maternity services, Referral Guidelines

CB2 Audit

- (1) For the purposes of this clause, **audit** means an audit, investigation or review of:
 - (a) the performance and quality of primary maternity services in accordance with this notice; and
 - (b) any other matter concerning compliance with any of the obligations of the maternity provider under this notice.
- (2) A maternity provider must provide the Ministry of Health and its authorised agents (**the auditors**) with access on 24 hours' notice (or immediate access if the auditor reasonably suspects fraudulent claiming has occurred) to:
 - (a) all records related to the provision of primary maternity services by the maternity provider; and
 - (b) the premises where primary maternity services are provided, other than a woman's or baby's home; and
 - (c) the premises where the records are kept.
- (3) For the purposes of carrying out an audit, a maternity provider must allow the auditors to interview:
 - (a) any practitioners providing primary maternity services; and
 - (b) any women receiving primary maternity services.
- (4) If the audit identifies an overpayment or evidence of full or partial service non-delivery, the Ministry of Health may obtain a full or partial repayment of the service fee, either directly or by using its right to set-off in accordance with clause CC7.

- (5) If any protocols have been agreed between the Ministry of Health and the New Zealand College of Midwives or the New Zealand Medical Association, the Ministry of Health will conduct audits of maternity providers in accordance with those protocols.
- (6) The Ministry of Health's right to audit under this clause continues after this notice ends but only to the extent that it is relevant to the period during which this notice was in force.

Defined in this notice: claim, maternity provider, practitioner, primary maternity services

CB3 Manner of providing primary maternity services

- (1) A maternity provider must ensure that primary maternity services they provide:
 - (a) are provided in a safe, timely, equitable, and efficient manner to meet the assessed needs of the person who is eligible for primary maternity services; and
 - (b) are provided in a manner which supports and promotes continuity of care; and
 - (c) are provided by sufficient numbers of suitably skilled and qualified practitioners; and
 - (d) are provided in a manner that is appropriate to the culture of the person who is eligible for primary maternity services (including their family or whānau).

Defined in this notice: maternity provider, person who is eligible for primary maternity services, practitioner, primary maternity services

CB4 Achieving Māori health outcomes and reducing Māori health inequalities

Primary maternity service provision will achieve Māori health outcomes and reduce Māori health inequalities by facilitating Māori access to maternity services, ensuring appropriate pathways through those services and ensuring that maternity services address the primary maternity needs of Māori.

Defined in this notice: primary maternity services

CB5 Practitioner to have Access Agreement

A practitioner that uses a maternity facility must have an Access Agreement for the use of that maternity facility (as applicable).

Defined in this notice: access agreement, maternity facility, practitioner

CB6 Relationship to be based on informed consent

A maternity provider must ensure that the relationship between the maternity provider (including the practitioners who work for them) and a woman is based on informed consent and respects the dignity of the woman.

Defined in this notice: maternity provider, practitioner

CB7 Information about primary maternity services

- (1) A maternity provider must ensure that every person who is eligible for primary maternity services is given the appropriate information on the primary maternity services that they are entitled to receive (including their options).
- (2) In all cases woman are entitled to an explanation of the costs of all options for maternity care.

Defined in this notice: maternity provider, person who is eligible for primary maternity services, primary maternity services

CB8 Maternity provider to advise woman on alternative maternity providers if not providing the primary maternity services

A maternity provider must advise the woman of alternative maternity providers and, if necessary, formally refer the woman to another maternity provider when they are not providing the primary maternity services themselves.

Defined in this notice: maternity provider, primary maternity services

CB9 Maternity provider to cooperate with others in order to promote safe and effective primary maternity services

A maternity provider must maintain a range of linkages with and cooperate with other maternity providers, practitioners and community agencies to promote safe and effective primary maternity services.

Defined in this notice: maternity provider, practitioner, primary maternity services

CB10 Ongoing quality improvement of primary maternity services

A maternity provider must have systems and processes for ongoing improvement of the quality of primary maternity services that they provide.

Defined in this notice: maternity provider, primary maternity services

CB11 Practitioners to participate in professional review process

- (1) A maternity provider who is a practitioner must participate in a professional review process.

- (2) A maternity provider must ensure that every practitioner who works for the maternity provider and who provides primary maternity services in that capacity participates in a professional review process.

Defined in this notice: maternity provider, practitioner, primary maternity services, professional review process

CB12 Maternity provider and their practitioners to cooperate with Perinatal and Maternal Mortality Review Committee

- (1) A maternity provider must cooperate with the Perinatal and Maternal Mortality Review Committee established under the Act.
- (2) A maternity provider must ensure that every practitioner who works for the maternity provider and who provides primary maternity services in that capacity cooperates with the Perinatal and Maternal Mortality Review Committee.

Defined in this notice: Act, maternity provider, practitioner, primary maternity services

CB13 Practitioners to include the required information on all prescriptions and referrals

- (1) All prescriptions for pharmaceuticals, referrals for laboratory tests, referrals for ultrasound scans, and referrals to specialists issued by practitioners must include the following details:
 - (a) practitioner's details:
 - (i) the practitioner's type (for example, midwife);
 - (ii) the practitioner's council number;
 - (iii) the practitioner's name;
 - (iv) the practitioner's signature; and
 - (b) woman's or baby's details:
 - (i) name and address; and
 - (ii) NHI number.
- (2) For the full list of requirements for the information required on a prescription, see regulation 41 of the Medicines Regulations 1984.
- (3) Prescriptions for pharmaceuticals must also include the appropriate patient category (for pharmaceutical subsidy purposes) and comply with any requirements of the pharmaceutical schedule.
- (4) Referrals for laboratory tests must also include the date of referral and the name of the laboratory test or test code, as well as the relevant clinical details.

- (5) Referrals for ultrasound scans must also include the date of referral and the appropriate clinical indication for ultrasound in pregnancy code, as specified on the Ministry of Health website.
- (6) Referrals to specialists must be written in hard copy or submitted electronically, only made with the woman's informed consent and include the date of referral and the appropriate referral code, as specified in the Referral Guidelines.

Defined in this notice: NHI, practitioner, Referral Guidelines, specialist

Subpart CC—Claims

CC1 Basis for claiming under this notice

- (1) A maternity provider may claim under this notice for providing a primary maternity service, but only if:
 - (a) the maternity provider holds a current authorisation for providing the primary maternity service; and
 - (b) the primary maternity service is provided in New Zealand to a person who is eligible for the primary maternity service; and
 - (c) the primary maternity service has been provided in accordance with all the applicable requirements of this notice; and
 - (d) the claim is permitted under this notice.

Defined in this notice: authorisation, claim, maternity provider, person who is eligible for primary maternity services, primary maternity services

CC2 No claim if claim is covered by another arrangement

- (1) A maternity provider may not claim under this notice if:
 - (a) the maternity provider, or a practitioner who works for the maternity provider, is entitled to have the claim satisfied (whether directly or indirectly) under any other arrangement with the Ministry of Health or a DHB; or
 - (b) the primary maternity services that relate to the claim have been provided by a practitioner in their capacity as an employee of a DHB.
- (2) For the purposes of audit, a practitioner employed by a DHB must keep a record of the hours of employment (including on-call hours) with the DHB.

Defined in this notice: audit, claim, DHB, maternity provider, on-call, practitioner, primary maternity services

CC3 Claim to be properly completed

- (1) A maternity provider must ensure that every claim that the maternity provider makes is properly completed.
- (2) A maternity provider must ensure that the NHI numbers and EDD are supplied with each claim.

Defined in this notice: claim, EDD, maternity provider, NHI

CC4 Timing of claims

- (1) A maternity provider may make a claim only on completion of the primary maternity service (including the completion of a module) for which the claim is made.
- (2) A maternity provider must ensure that the Ministry of Health receives the maternity provider's claim for a primary maternity service, other than registrations, within 6 months of the service being completed.
- (3) The Ministry of Health will return an improperly completed claim to the maternity provider concerned within 5 working days, but only if the maternity provider can be identified.

Defined in this notice: claim, maternity provider, module, primary maternity services, registration, working day

CC5 Electronic claiming

- (1) A maternity provider must claim electronically by submitting an electronic claim file to the Ministry of Health.
- (2) A maternity provider must first have the ability to connect to the HealthLink Network and must submit the file via the Health Intranet.
- (3) The electronic claim file must be in a format set out in the message standard definition.
- (4) The Ministry of Health may, from time to time, update the message standard definition.
- (5) A maternity provider who submits an electronic claim file must:
 - (a) retain a copy of the claim file in a format that allows the claim to be available to the auditors of the Ministry of Health; and
 - (b) retain a record of the date the claim file was submitted and the total amount claimed.

Defined in this notice: claim, maternity provider

CC6 Payment of claims

- (1) The Ministry of Health will pay a claim within 22 working days from the receipt of a valid claim.
- (2) Payment will be made by way of direct credit.
- (3) If a claim has to be returned to the maternity provider for correction of claiming details and a corrected claim has been submitted by the maternity provider, the corrected claim will be paid based on the date of receipt of the corrected claim, not the date of receipt of the initial claim.
- (4) If a claim for a primary maternity service is received more than 6 months after the service has been completed, there will be a 10% fee deduction.
- (5) No claim for primary maternity services will be paid if the claim is received more than 12 months after the service has been completed.
- (6) Subclauses (4) and (5) apply unless, in its sole discretion, the Ministry of Health considers there were circumstances beyond the control of the maternity provider that prevented the claim being submitted any earlier.

Defined in this notice: claim, maternity provider, primary maternity services, working day

CC7 Set-off

- (1) If the Ministry of Health determines that a maternity provider has been overpaid or that a maternity provider was not entitled to a payment, or any part of a payment, the Ministry of Health may deduct any overpayment from any subsequent payment payable to that maternity provider.
- (2) Before making any deduction, the Ministry of Health will advise the maternity provider of the proposed deduction and give the maternity provider:
 - (a) the reason for the deduction; and
 - (b) enough time to request the Ministry of Health to reconsider the deduction.

Defined in this notice: maternity provider

CC8 Reconsideration of claim

A maternity provider may, within 3 months from the date on which they receive advice of the outcome of a claim, request in writing that the Ministry of Health reconsider the claim.

Defined in this notice: claim, maternity provider

PART D

SPECIFIC REQUIREMENTS FOR EACH PRIMARY MATERNITY SERVICE

(INCLUDING SERVICE SPECIFICATIONS AND PAYMENT RULES)

Subpart DA—Lead maternity care

General information about lead maternity care

DA1 Aim of lead maternity care

- (1) The aim of lead maternity care is to provide each woman with continuity of midwifery care throughout pregnancy, labour and birth, and the postnatal period, within a partnership model of care.
- (2) To provide safe, equitable, accessible and high-quality care to all women accessing primary maternity care in Aotearoa New Zealand.
- (3) Lead maternity care is available to women, and their newborn babies and incorporates the woman's partner and whānau as is appropriate for each individual woman.
- (4) Lead maternity care is the preferred publicly funded model of care for women accessing maternity care in Aotearoa New Zealand.
- (5) By promoting the health and wellbeing of women during pregnancy, lead maternity care contributes to child wellbeing.

Defined in this notice: labour and birth, lead maternity care

DA2 Registration

- (1) In order to receive lead maternity care, a person who is eligible for publicly funded maternity services must register with a midwife or relevantly qualified doctor of her choice (her LMC).
- (2) Lead maternity care is commonly provided within a collaborative shared practice model so that more than one practitioner working within a group practice may provide services to an eligible woman.
- (3) Registration may occur at any time from the confirmation of pregnancy until 6 weeks after the EDD or the date of birth whichever is later, but no claim for payment may be made for lead maternity care that is provided before the date of registration.
- (4) The woman and her LMC must properly complete a registration form in the format specified by the Ministry of Health.

- (5) The woman must sign the registration form. Each form must be dated with the date on which the form was signed by the woman (date of registration).
- (6) The woman may, at any time, change the LMC with whom she is registered by signing a registration form with a new LMC.
- (7) The woman may be registered with only one LMC at a time.
- (8) If a registration form needs to be resubmitted it is sufficient to have a copy of the original registration form containing the signature of the woman.
- (9) An LMC must submit the woman's registration or change of registration form to the Ministry of Health prior to submitting a claim for subsequent modules.

Defined in this notice: claim, EDD, group practice, lead maternity care, registration

DA3 Charging for primary maternity care

- (1) Lead maternity care provided by a midwife LMC or general practitioner with a Diploma in Obstetrics LMC is to be provided free of charge to persons who are eligible to receive it under this notice.
- (2) A part charge may be charged to persons who register for lead maternity care provided by an obstetrician LMC.

Defined in this notice: lead maternity care, midwife, general practitioner obstetrician

DA4 Where lead maternity care may be provided

- (1) Lead maternity care may be provided in a range of places, including the following:
 - (a) a woman's home;
 - (b) a baby's home (if it is different from the mother's home);
 - (c) a marae;
 - (d) the lead maternity carer's rooms or practice;
 - (e) a maternity facility; or
 - (f) a place of mutual agreement.

Defined in this notice: lead maternity care, maternity facility

Lead Maternity Carers

DA5 Lead Maternity Carer (LMC)

- (1) An LMC provides lead maternity care.

- (2) An LMC who cares for a woman in a maternity facility must support the maternity facility in achieving and maintaining *Baby Friendly Aotearoa* (BFHI).

Defined in this notice: BFHI, lead maternity care, maternity facility

DA6 General responsibilities of LMCs

- (1) The LMC is responsible for:
- (a) assessing the woman's and baby's needs; and
 - (b) planning the woman's care with her and the care of the baby; and
 - (c) providing or ensuring care is provided to the woman throughout her pregnancy and postpartum period, including:
 - (i) all care required during pregnancy; and
 - (ii) the management of labour and birth; and
 - (iii) all care required during the first 6 weeks following birth; and
 - (iv) ensuring that all the applicable midwifery services are provided, including services to the mother and all the applicable Well Child provider to the baby within the responsibilities related to this notice; and
 - (v) facilitating access to other health and social services as individual needs require.
- (2) Following registration, the LMC is responsible for ensuring that the woman has access to primary maternity care 24 hours a day, 7 days a week to provide advice or primary maternity care as required.

Defined in this notice: labour and birth, primary maternity services, registration, Well Child provider

DA7 Continuity of care

- (1) Continuity of care enables relationship development between the woman and her LMC throughout pregnancy, enabling effective holistic care and ongoing assessment of needs, which maximise the uptake of health education and health-promoting activities and behaviour.
- (2) From the time of registration of a woman, an LMC is responsible for coordinating for the woman all of the modules of lead maternity care in order to achieve continuity of care.
- (3) Subject to subclause (7), if an LMC is unavailable to provide an entire module of care because of time off, holiday leave, sick leave, bereavement leave, continuing professional education requirements, or other exceptional circumstances, a back-up LMC may provide those services.

- (4) Subject to subclause (7), the LMC may, with the woman's consent, delegate the provision of part of a module, but not the entire module to another practitioner. However, the responsibility for ensuring the requirements of the module have been met remain with the LMC.
- (6) The respective responsibilities of the LMC and the midwife, general practitioner with a Diploma in Obstetrics or obstetrician to whom aspects of a module have been delegated will be clearly documented in the woman's care plan.
- (7) Despite subclauses (2) and (3), if, because of exceptional reasons, the LMC is unable to be responsible for the ongoing provision of care to a woman, the LMC or group practice must ensure that there is a transfer of care to another service which can provide care for her.
- (8) An LMC is responsible for ensuring that referral to primary health services and Well Child services is offered, and if accepted, the referral process is completed.

Defined in this notice: back-up LMC, continuity of care, general practitioner obstetrician, group practice, lead maternity care, midwife, module, practitioner, primary health services, registration, Well Child provider

DA8 Transfer of care to secondary or tertiary maternity services, and / or specialist neonatal services

- (1) If there is a transfer of clinical responsibility to secondary maternity services, tertiary maternity services, or specialist neonatal services, clinical responsibility for the woman and baby transfers to the new service, until there is a transfer of care back to the LMC.
- (2) Every transfer of care must be documented in the clinical notes, including the date and time of transfer.
- (3) If clinical responsibility for a woman's care transfers to a secondary maternity service or tertiary maternity service, the woman's LMC midwife may continue to provide midwifery care to the woman in collaboration with the DHB services.

Defined in this notice: DHB, midwife, secondary maternity, specialist neonatal services, tertiary maternity, transfer of clinical responsibility

Service linkages

DA9 Service linkages: Referral to Well Child provider

- (1) With the women's consent, written or electronic referral for ongoing care of the baby to a Well Child provider must take place before the end of the 4th week following birth.
- (2) If the baby has high needs, the LMC, in partnership with the woman, may request earlier involvement with Well Child services to provide concurrent and coordinated care to the whānau with the LMC.

- (3) A transfer of care from the LMC to the Well Child provider that meets the guidelines agreed by the New Zealand College of Midwives and providers of Well Child services, must take place by the time the baby is 6 weeks of age.
- (4) If the baby or woman has high needs, the lead midwife in partnership with the woman, may request ongoing involvement along with Well Child services to provide concurrent and coordinated care to the whānau for up to 6 weeks after the date of birth.

Defined in this notice: midwife, Well Child provider

DA10 Service linkages: Referral to primary health services

- (1) With the woman's consent, written or electronic referral for ongoing care of the woman and baby to the woman's primary health service provider must take place before the end of the 4th week following birth.
- (2) A transfer of care from the LMC to the woman's primary health service provider that meets the guidelines agreed by the New Zealand College of Midwives and the Royal New Zealand College of General Practitioners must take place before discharge from lead maternity care.
- (3) If a woman is not enrolled with a primary health service, the LMC must inform the woman about the primary health services available in the local area.

Defined in this notice: lead maternity care, primary health services

DA11 Linkages with other services

- (1) Providers of primary maternity care will also maintain linkages with the following local organisations and providers of health services:
 - (a) primary health services;
 - (b) maternity facility services;
 - (c) secondary and tertiary maternity services;
 - (d) pregnancy and parenting education services;
 - (e) ultrasound scanning and laboratory services;
 - (f) Well Child services;
 - (g) maternity support organisations;
 - (h) community and/or maternal mental health teams;
 - (i) NGO social service providers;
 - (j) community breastfeeding support groups;
 - (k) cultural support services; and
 - (l) iwi providers.

Defined in this notice: maternity facility, pregnancy and parenting education, primary health services, primary maternity services, secondary maternity, tertiary maternity, Well Child provider

DA12 Exclusions

(1) Lead maternity care does not include the following:

- (a) primary maternity facility services;
- (b) secondary maternity facility services;
- (c) tertiary maternity facility services; or
- (d) any services provided by a DHB provider arm.

Defined in this notice: lead maternity care, maternity facility, secondary maternity, tertiary maternity

Claims

DA13 General requirements for making claims for lead maternity care

- (1) Payments for lead maternity care may be claimed for services provided in accordance with this subpart.
- (2) A maternity provider who claims a lead maternity care fee must be the maternity provider with whom the woman is registered through the woman's LMC.
- (3) No claims may be made for lead maternity care that has been provided before the date of registration.
- (4) No claims for lead maternity care will be accepted before the Ministry of Health has received a valid registration form.
- (5) An LMC can make only one claim for each lead maternity care module per woman per pregnancy.
- (6) Claims may be made only once, either when:
 - (a) the module or item of service has been completed; or
 - (b) the woman has registered with another LMC.
- (7) Trimester dates will be calculated based upon the EDD supplied by the LMC with the claim.

Defined in this notice: claim, EDD, lead maternity care, maternity provider, module, registration

Reporting requirements

DA14 Registration information

An LMC must submit registration information in accordance with the HISO Maternity Care Summary Standard 10050.2-2020 and reporting requirements as specified by the Ministry of Health.

Defined in this notice: registration

DA15 Service delivery information

An LMC must submit service delivery information in accordance with the HISO Maternity Care Summary Standard 10050.2-2020 and reporting requirements as specified by the Ministry of Health.

DA16 Health status information

An LMC must submit health status information in accordance with the HISO Maternity Care Summary Standard 10050.2-2020 and reporting requirements as specified by the Ministry of Health.

DA17 National Immunisation Register (NIR) information

- (1) An LMC must give the NIR the following information:
 - (a) a full and accurate record of birth details to enable valid NIR registration; and
 - (b) details of any vaccination given to the baby.

Defined in this notice: birth, National Immunisation Register

Antenatal services

DA18 Service specification: First assessment, registration and care planning

- (1) For the *First assessment, registration and care planning* module the LMC must provide the following services:
 - (a) informing the woman regarding:
 - (i) the role of the LMC and the group practice, which includes confirming that the LMC will meet the requirements in clauses DA6 and DA7, contact details, on-call and back-up arrangements; and
 - (ii) the standards of care to be expected; and

- (b) a comprehensive holistic medical psycho-social assessment of the woman's needs, including review and assessment of her general health, past maternity, medical and family history, current pregnancy, and a physical examination; and
- (c) relevant individualised health education, including reinforcement of priority health promotion messages; and
- (d) offering and facilitating referral to other health or social services as required; and
- (e) commencing, documenting and maintaining a care plan with the woman, to be used and updated throughout all modules of care, that meets the recommended practice guidelines identified by relevant professional and regulatory bodies; and
- (f) arranging for the woman to hold, or access electronically, a copy of her clinical record which includes her care plan and relevant information which should be shared with other providers who may become involved in her care; and
- (g) providing appropriate information and education about screening, and offering referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about.

Defined in this notice: care plan, group practice, module,

DA19 Payment rules: First assessment, registration and care planning

- (1) This module must be delivered as an in-person service.
- (2) This module can be claimed each time the woman registers with an LMC, unless the new LMC is within the same group practice as the original LMC (in which case the claim is not valid).
- (3) This module cannot be claimed if the woman re-registers with the same LMC more than once within the same pregnancy, birth or postnatal term.
- (4) A claim for this module will only be processed once a valid registration claim has been received by the Ministry of Health.
- (5) Claiming this module indicates the intention or commitment of the LMC to provide continuity of care and on-call 24/7 availability.
- (6) This module does not contribute to the total number of antenatal or postnatal contacts provided by the LMC to the woman.

Defined in this notice: claim, continuity of care, group practice, in-person, module, on call, registration

DA20 Service specification: First trimester care

- (1) For the *First trimester care* module the LMC must provide the following services:
 - (a) pregnancy care and advice, including:
 - (i) all appropriate assessment and care of a woman; and
 - (ii) monitoring the progress of pregnancy, including ongoing assessment of maternal and fetal wellbeing; and
 - (iii) maintaining the clinical record including the care plan; and
 - (iv) appropriate information and education about screening, and offering referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about; and
 - (v) providing and reinforcing health education, health promotion messages and public health programmes; and
 - (vi) offering and facilitating referral to other health or social services as required.
- (2) The LMC may also provide:
 - (a) care and advice if there is a real and imminent risk of miscarriage, the woman is experiencing a miscarriage, or a miscarriage has occurred, including:
 - (i) all appropriate assessment and care of a woman; and
 - (ii) referral for diagnostic tests and treatment, if necessary; and
 - (b) assessment, care and advice provided in relation to a termination of pregnancy, including:
 - (i) referral for diagnostic tests, if necessary; and
 - (ii) referral for a termination of pregnancy.

Defined in this notice: care plan, miscarriage, module

DA21 Payment rules: First trimester care

- (1) The *First trimester care* module may be claimed when at least 1, or up to 2, scheduled in-person consultations are provided from 0 to 13+6 weeks gestation.
- (2) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

Defined in this notice: first trimester, in-person

DA22 Service specification: First trimester care – additional care

For a woman in the first trimester of pregnancy the LMC may provide 3 or more in-person consultations where there is documented clinical need or other complexity.

Defined in this notice: first trimester, in-person

DA23 Payment rules: First trimester care – additional care

- (1) A claim may be made for the *First trimester – additional care* module when 3 or more scheduled in-person consultations from 0 to 13+6 weeks gestation are provided. This module can be claimed in addition to the *First trimester care module*.
- (2) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

Defined in this notice: first trimester, in-person

DA24 Service specification: Second trimester care

- (1) In addition to the requirements set out under the service specifications for first trimester services (DA18 and DA20), the LMC must provide all of the following services to a woman in the second trimester of pregnancy:
 - (a) monitoring the progress of pregnancy, including ongoing assessment of maternal and fetal wellbeing; and
 - (b) maintaining the clinical record including the care plan; and
 - (c) providing appropriate information and education, including breastfeeding education; and
 - (d) offering referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about; and
 - (e) arranging booking to a maternity facility of the woman's choice if appropriate; and
 - (f) informing the woman regarding:
 - (i) the availability of, and access to, pregnancy and parenting, and breastfeeding education, including culturally appropriate and targeted options as appropriate; and
 - (ii) the availability of paid parental leave, if applicable; and
 - (iii) Ministry of Health information on immunisation and the NIR.

Defined in this notice: care plan, maternity facility, National Immunisation Register, pregnancy and parenting education, second trimester

DA25 Payment rules: Second trimester care

The *Second trimester care* module may be claimed when at least 3, or up to 4, scheduled in-person consultations are provided from 14+0 to 27+6 weeks gestation.

Defined in this notice: in-person, second trimester

DA26 Payment rules: Partial second trimester care

- (1) In accordance with this clause, the full fee, the first partial fee, or the last partial *Second trimester care* fee may be claimed, as the case may require.
- (2) An LMC may claim only the first partial fee if the woman was registered with them but changed LMC or was transferred to secondary care, at or less than 19+6 weeks gestation and the LMC has provided at least 1 scheduled in-person consultation.
- (3) An LMC may claim only the last partial fee if the woman first registered with them at or greater than 20+0 weeks gestation and the LMC has provided at least 2 scheduled in-person consultations.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Second trimester care* fee.

Defined in this notice: in-person, second trimester

DA27 Service specification: Second trimester care – additional care

For a woman in the second trimester of pregnancy the LMC may provide 5 or more in-person consultations where there is documented clinical need or other complexity.

Defined in this notice: in-person, second trimester

DA28 Payment rules: Second trimester care – additional care

A claim may be made for the *Second trimester care – additional care* module when 5 or more scheduled in-person consultations from 14+0 to 27+6 weeks gestation are provided.

Defined in this notice: in-person, module

DA29 Service specification: Second trimester care – pregnancy loss

- (1) For a woman between 14+0 and 19+6 weeks gestation the LMC may attend in-person at a hospital or community setting during the miscarriage or termination event to provide advice and care in collaboration with hospital services as necessary.

- (2) For a woman who has experienced a second trimester pregnancy loss, the LMC must provide the following postpartum services:
- (a) physical assessment and care of the woman; and
 - (b) emotional support and care; and
 - (c) contraceptive and pre-conceptual advice as necessary; and
 - (d) referral for diagnostic tests, as needed, to ensure complete recovery from the pregnancy loss.

Defined in this notice: in-person, miscarriage, second trimester

DA30 Payment rules: Second trimester care – pregnancy loss

- (1) Only one fee is payable per pregnancy loss event (including loss of a multiple pregnancy).
- (2) This module applies to a pregnancy loss event occurring between 14+0 and 19+6 weeks gestation.
- (3) The LMC must provide a minimum of 1 in-person postpartum consultation.
- (4) The payment for home birth planning and supplies may be claimed where the LMC has attended a second trimester pregnancy loss event at the woman's home.
- (5) The *Second trimester care – pregnancy loss* module covers care provided for up to 2 weeks after the pregnancy loss.

Defined in this notice: home birth planning and supplies, in-person. module, second trimester

DA31 Service specification: Third trimester care

- (1) In addition to the requirements set out under the service specifications for first and second trimester services (DA18, DA20 and DA24), the LMC must provide all of the following services to a woman in third trimester of pregnancy:
 - (a) organising appropriate arrangements for care during labour and birth and following birth, including, if possible, organising for the woman to meet any other practitioners who are likely to be involved in her care; and
 - (b) discussing and confirming a care plan for postnatal support, including care of the baby, breastfeeding and maternal self-care; and
 - (c) discussing postnatal contraception options.

Defined in this notice: birth, care plan, labour and birth, postnatal care, third trimester

DA32 Payment rules: Third trimester care

The *Third trimester care* module may be claimed when at least 5, or up to 9, scheduled in-person consultations are provided from 28+0 weeks gestation until the onset of established labour.

Defined in this notice: in-person, module

DA33 Payment rules: Partial third trimester care

- (1) In accordance with this clause, the full fee, the first partial fee, or the last partial *Third trimester care* fee may be claimed, as the case may require.
- (2) An LMC may claim only the first partial fee if the woman was registered with them but changed LMC or was transferred to secondary care at or less than 35+6 weeks gestation, and the LMC has provided at least 2 scheduled in-person consultations.
- (3) An LMC may claim only the last partial fee if the woman first registered with the them at or greater than 36+0 weeks gestation and the LMC has provided at least 3 scheduled in-person consultations.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Third trimester care* fee.

Defined in this notice: in-person

DA34 Service specification: Third trimester care – additional care

For a woman in the third trimester of pregnancy the LMC may provide 10 or more scheduled in-person consultations where there is documented clinical need or other complexity.

Defined in this notice: in-person

DA35 Payment rules: Third trimester care – additional care

A claim may be made for the *Third trimester care – additional care* module when 10 or more scheduled in-person consultations are provided from 28+0 weeks gestation until the onset of established labour.

Defined in this notice: in-person

Labour and birth services

DA36 Service specification: Labour and birth care

- (1) The LMC is responsible for ensuring that all the following services are provided:
 - (a) all primary maternity services from the time of established labour, including initial assessment of the woman at her home or at a maternity facility, and regular monitoring of the progress of the woman and baby; and

- (b) management of the birth; and
 - (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 of the baby at birth, initiation of breastfeeding (or feeding), care of the placenta, and attending to any legislative requirements regarding birth notification by health professionals.
- (2) The LMC must make every effort to attend, as necessary, during labour and to attend the birth, including making every effort to attend a woman as soon as practicable:
- (a) after the woman's arrival at the maternity facility where she will give birth; or
 - (b) when requested by the woman, for a home birth.
- (3) If an LMC is unable to attend the birth because of holiday leave, sick leave, bereavement leave, continuing professional education requirements or other exceptional circumstances, the LMC must make appropriate arrangements with a back-up LMC for provision of the specified care.
- (4) For a home birth, in addition to clause (1), the LMC must:
- (a) arrange for another midwife, general practitioner with a Diploma in Obstetrics, or obstetrician to be available to attend the birth; and
 - (b) maintain equipment (including neonatal resuscitation equipment) and provide the delivery pack and consumable supplies; and
 - (c) ensure that a midwife, general practitioner with a Diploma in Obstetrics, or obstetrician remains with the woman for at least 2 hours following the birth.
- (5) A midwife, general practitioner with a Diploma in Obstetrics, or obstetrician LMC who uses hospital midwifery services in order to provide the full service required during labour and birth must:
- (a) ensure that the respective responsibilities of the LMC and the hospital midwifery services are clearly documented in the care plan, and that a copy of the care plan is given to the hospital midwifery services and to the woman; and
 - (b) monitor progress of labour; and
 - (c) be available to attend as soon as required at any time during the labour; and
 - (d) attend the birth and the delivery of the placenta.

Defined in this notice: back-up LMC, care plan, established labour, general practitioner obstetrician, home birth, hospital midwifery services, labour and birth, maternity facility, midwife, primary maternity services

DA37 Payment rules: Labour and birth care

- (1) Only 1 *Labour and birth care* fee is payable for a birth (including a multiple birth).
- (2) The payment to be claimed depends on whether the birth is a first birth, VBAC, or subsequent birth.
- (3) The payment to be claimed depends on whether the LMC provided all labour and birth care, or utilised hospital midwifery services.
- (3) If an LMC utilises hospital midwifery services for labour and birth care, other than as a second midwife for birth, they must claim the hospital midwifery services fee.
- (4) A maternity provider may claim the labour and birth fee if the LMC anticipates that clinical responsibility for the labour and birth is to remain with the LMC and circumstances change and clinical responsibility transfers after established labour to secondary maternity services.

Defined in this notice: established labour first birth, hospital midwifery services, labour and birth, maternity provider, midwife, second midwife, secondary maternity, subsequent birth, transfer of clinical responsibility, vaginal birth after caesarean section

DA38 Service specification: Home birth planning and supplies

- (1) For a woman planning a home birth, the LMC must provide a home visit in the third trimester, the purpose of which is to develop a comprehensive plan with the woman and her support team for labour and birth at home.
- (2) The LMC must ensure they have the appropriate equipment and consumables for the home birth.

Defined in this notice: home birth, home birth planning and supplies, labour and birth, third trimester

DA39 Payment rules: Home birth planning and supplies

- (1) The payment for *Home birth planning and supplies* may be claimed only once per woman per pregnancy.
- (2) The payment for *Home birth planning and supplies* may be claimed in the case of a planned home birth where the LMC attends a labour that commences at home, but the woman ultimately transfers to a hospital for the birth.

Defined in this notice: home birth, home birth planning and supplies

DA40 Service specification: Planned caesarean section

- (1) The LMC must provide a woman with continuing support and continuity of care including:

- (a) attendance at a planned caesarean section where requested by the woman and where the LMC has provided third trimester care.

Defined in this notice: continuity of care, third trimester

DA41 Payment rules: Planned caesarean section

- (1) Only 1 *Planned caesarean section* fee is payable for a birth.
- (2) An LMC may not claim this fee if they are claiming the *Labour and birth care* module for the same woman for the same pregnancy.

Defined in this notice: labour and birth, module

DA42 Service specification: Labour and birth exceptional circumstances

- (1) The LMC or back-up LMC must provide a woman with continuing support and continuity of care, including:
 - (a) if there is no labour and it was anticipated that clinical responsibility for the labour and birth would remain with the LMC, but circumstances change, giving no opportunity for a planned transfer of clinical responsibility; or
 - (b) if there are other special circumstances during labour and birth and the LMC makes a written application to the Ministry of Health for a discretionary decision on payment and receives approval.

Defined in this notice: continuity of care, back-up LMC, labour and birth,

DA43 Payment rules: Labour and birth exceptional circumstances

- (1) Only 1 *Labour and birth exceptional circumstances* fee is payable for a birth.
- (2) An LMC may not claim this fee if they are claiming either a *Labour and birth care* or a *Planned caesarean section* module for the same woman for the same pregnancy.
- (3) If an LMC has made a written application to the Ministry of Health for a discretionary decision on payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: labour and birth, module

Postnatal services

DA44 Service specification: Postnatal care

- (1) The LMC is responsible for ensuring that all the following services are provided for both the mother and baby:
 - (a) postnatal consultations to assess and care for the woman and baby in a maternity facility and at home until 6 weeks after birth, including:

- (i) liaison and consultation with the woman and the maternity facility services regarding the timing of discharge of both mother and baby; and
 - (ii) 1 consultation at the woman's home before the end of the day after discharge from the maternity facility; and
 - (iii) between 7 and 10 postnatal consultations in total, including a minimum of 5 home consultations; and
 - (b) as part of the visits in clause (a):
 - (i) examinations of the baby consistent with the requirements of the Well Child provider schedule, and
 - (ii) examinations of the woman at clinically appropriate times and before referral to the woman's primary care provider; and
 - (c) as a part of the consultations in clause (a), the provision of care and advice to the woman, including:
 - (i) assistance with and advice about breastfeeding and the nutritional needs of the woman and baby; and
 - (ii) assessing for risk of postnatal distress, depression and family violence, with appropriate advice and referral (where services are available); and
 - (iii) providing appropriate information and education about screening; and
 - (iv) offering to provide or refer the baby for the appropriate screening tests specified by the Ministry of Health and receive and follow up the results of these tests as necessary; and
 - (v) providing Ministry of Health information on immunisation and the National Immunisation Register and provision of any appropriate or scheduled immunisations consented to; and
 - (vi) providing access to services as outlined in the Well Child Schedule; and
 - (vii) providing advice regarding contraception; and
 - (viii) providing parenting advice and education; and
 - (d) review and update the care plan and document progress, care given and outcomes, and ensuring that the maternity facility has a copy of the care plan if the woman is receiving in-patient postnatal care.
- (2) If a birth has occurred in a maternity facility, the LMC, in discussion with the woman and maternity facility staff, must determine when the woman is clinically ready for discharge.

- (3) If an LMC uses hospital primary midwifery services during the labour and birth, the LMC must:
- (a) make a prior agreement with the maternity facility on the use of the hospital postnatal primary midwifery services; and
 - (b) ensure that the respective responsibilities of the LMC and the hospital postnatal primary midwifery services are clearly documented in the care plan and that a copy of the care plan is given to the hospital midwifery primary services and to the woman; and
 - (c) be available to provide consultation and treatment on request.

Defined in this notice: care plan, hospital midwifery services, in-patient postnatal care, maternity facility, National Immunisation Register, postnatal care, primary health services, Well Child provider

DA45 Payment rules: Postnatal care

- (1) In accordance with this clause, the full fee, the first partial fee or the last partial fee may be claimed, as the case may require.
- (2) An LMC may claim only the first partial fee if the woman was registered with the LMC, but changed LMC during the 1st, 2nd or 3rd week following birth.
- (3) An LMC may claim only the last partial fee if the woman first registered with the LMC during the 4th, 5th or 6th week following birth.
- (4) If subclauses (2) and (3) do not apply, the LMC may claim the full fee.
- (5) Only one payment for *Postnatal care* will be paid per woman, per pregnancy, except where the mother and baby have different residential addresses. If separate fees for postnatal care are sought, details of the circumstances must be provided with the claim. In particular:
 - (a) for the claim for *Postnatal care* for the birth mother, the birth mother's NHI number and the baby's NHI number must be provided on the claim; and
 - (b) for the claim for *Postnatal care* for the baby and its caregiver, the caregiver's NHI number and the baby's NHI number must be provided on the claim. In addition, the caregiver must be registered with the LMC or group practice.

Defined in this notice: group practice, National Health Index, postnatal care

DA46 Service specification: Postnatal care – additional care

For a postnatal woman in the 6 weeks following the birth, the LMC may provide 11 or more in-person postnatal visits where there is documented clinical need or other complexity.

Defined in this notice: in-person

DA47 Payment rules: Postnatal care – additional care

The fee for *Postnatal care – additional care* may be claimed only once per woman (or baby if clause DA45(5) applies) if the LMC has provided 11 or more in-person postnatal visits.

Defined in this notice: in-person, postnatal care

Subpart DB—Primary maternity single services

General information about primary maternity single services

DB1 Aim of primary maternity single services

- (1) The aim of primary maternity single services is to support the provision of lead maternity care.
- (2) Primary maternity single services are provided in addition to usual lead maternity care or as a service sought on a casual basis outside lead maternity care.
- (3) Primary maternity single services do not include specialist medical maternity services.

Defined in this notice: lead maternity care

DB2 Charging for primary maternity single services

The primary maternity single services that are described under this contract are to be provided free of charge to persons who are eligible to receive these services.

DB3 Where primary maternity single services may be provided

- (1) Primary maternity single services may be provided in a range of places, including:
 - (a) a woman's home;
 - (b) a baby's home (if it is different from the mother's home);
 - (c) a marae;
 - (d) the practitioner's clinic rooms or practice;
 - (e) a maternity facility; or
 - (f) a place of mutual agreement.

Defined in this notice: maternity facility, practitioner

DB4 Service linkages

- (1) Providers of primary maternity single services will maintain linkages with local providers of the following services:
 - (a) primary health services;
 - (b) LMCs;
 - (c) secondary maternity services; and
 - (d) ultrasound scanning services.

Defined in this notice: secondary maternity

DB5 Exclusions

- (1) Primary maternity single services do not include the following:
 - (a) ultrasound scanning; or
 - (b) any services provided by a DHB provider arm.

Defined in this notice: DHB provider arm

DB6 General requirements for making claims for primary maternity single services

- (1) Payments for primary maternity single services may be claimed for services provided in accordance with subpart DB.
- (2) Claims may be made only after the service has been completed.

*Primary maternity single services***DB7 Service specification: First trimester single service**

- (1) For the *First trimester single service*, the practitioner must provide the following services as required:
 - (a) pregnancy care and advice, including:
 - (i) confirmation of pregnancy; and
 - (ii) health information and education including nutrition, smoking, alcohol and drugs cessation advice; and
 - (b) informing the woman regarding her options for choosing an LMC and supporting access to an LMC of her choice.

Defined in this notice: first trimester, practitioner

DB8 Payment rules: First trimester single service

- (1) Only 1 claim may be made per woman per primary maternity provider per day.
- (2) A claim may only be made for an in-person consultation with a woman between 0 weeks and 13+6 weeks gestation.
- (3) This module cannot be claimed by the LMC with whom the woman first registers following this module.

Defined in this notice: first trimester, in-person, maternity provider, module

DB9 Service specification: First trimester – pregnancy loss

- (1) For the *First trimester – pregnancy loss* module the primary maternity provider may provide the following services:
 - (a) care and advice if there is a real and imminent risk of miscarriage, the woman is experiencing a miscarriage, or a miscarriage has occurred, including:
 - (i) all appropriate assessment and care of a woman; and
 - (ii) referral for diagnostic tests and treatment, if necessary; and
 - (iii) contraceptive and pre-conceptual advice as necessary; or
 - (b) assessment, care and advice provided in relation to a termination of pregnancy, including:
 - (i) referral for diagnostic tests, if necessary; and
 - (ii) referral for a termination of pregnancy; and
 - (iii) care and advice following a termination of pregnancy, including contraceptive and pre-conceptual advice as necessary.

Defined in this notice: maternity provider, miscarriage, module

DB10 Payment rules: First trimester – pregnancy loss

- (1) A claim may be made for in-person consultations between 0 weeks and 13+6 weeks gestation, or up to 2 weeks after the miscarriage or termination of pregnancy.
- (2) Up to 2 claims may be made per woman per maternity provider per day.
- (3) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

- (4) This module can be claimed by the woman's LMC, in addition to, or in lieu of first trimester care. In-person consultations for first trimester pregnancy loss cannot be counted towards LMC first trimester services.

Defined in this notice: first trimester, in-person, maternity provider, miscarriage, module

DB11 Service specification: Transfer support

- (1) The practitioner must provide the following services as required to a woman or her baby:
- (a) accompany the woman or baby in an air or road ambulance from a community or primary maternity facility to a secondary or tertiary maternity facility.

Defined in this notice: maternity facility, practitioner, secondary maternity, tertiary maternity

DB12 Payment rules: Transfer support

- (1) A practitioner may claim a maximum of one *Transfer support* module per woman per day.
- (2) This module is claimable for air or road ambulance transfers that occur as a result of the woman requiring urgent care during pregnancy, labour and birth, and/or postpartum.
- (3) This module is claimable for air or road ambulance transfers that occur as a result of a neonate requiring urgent care after birth.
- (4) In order to be eligible to claim this module, the practitioner must accompany the woman or baby in the air or road ambulance.

Defined in this notice: labour and birth, module, practitioner

DB13 Service specification: Rural support

- (1) A general practitioner with a Diploma in Obstetrics or midwife must provide the following services as required to women during labour and birth:
- (a) urgent care and treatment to support an LMC in a rural domicile if the services of an obstetrician or paediatrician are needed but are not available, and the LMC requires assistance from another practitioner who has additional maternity skills.

Defined in this notice: general practitioner obstetrician, labour and birth, midwife, practitioner

DB14 Payment rules: Rural support

A maternity provider may claim 1 *Rural support* fee per woman per day.

Defined in this notice: maternity provider

DB15 Service specification: Second midwife services

- (1) The aim of the *Second midwife services* module is to support provision of safe maternity care in the special circumstances outlined in clause DB15(2), and when no other payment module applies.
- (2) The second midwife must provide labour and birth services as required to support the midwife LMC (including that midwife LMC's back-up LMC midwife if they are providing the labour and birth services in place of the midwife LMC) during a labour event when either of the following special circumstances apply:
 - (a) where provision of maternity care by the midwife LMC alone during labour and birth could compromise the safety of that care, and the midwife LMC reasonably considers it is unsafe for her to proceed alone without the provision of second midwife services alongside the midwife LMC; or
 - (b) where the midwife LMC transfers clinical responsibility to the second midwife to ensure the maternity care is not compromised while the midwife LMC requires relief from that labour and birth service provision due to:
 - (i) fatigue arising from extended provision of labour and birth services; or
 - (ii) onset of illness or injury to the midwife LMC during provision of the labour and birth services; or
 - (iii) unanticipated personal crisis experienced by the midwife LMC during provision of labour and birth services.
- (3) The midwife LMC and the second midwife must ensure that there is auditable documentation (which must be produced, on request, to any auditors) in the woman's notes of the following matters:
 - (a) the reason why support from a second midwife is required; and
 - (b) the name and registration number of the second midwife; and
 - (c) the date and time of attendance (beginning and end times during which second midwife service was provided); and
 - (d) the time of the transfer of clinical responsibility if this occurs under clause DB15(2)(b).
- (4) *Second midwife services* requires provision of in-person midwife support for a minimum of 90 minutes during labour and birth. These services may be provided at any location where the midwife LMC is providing labour and birth services, including, but not limited to, a maternity facility or a woman's home.

Defined in this notice: back-up LMC, in-person, labour and birth, maternity facility, midwife, module, second midwife, transfer of clinical responsibility

DB16 Payment rules: Second midwife services

- (1) The LMC who requests a second midwife for support must be eligible under this notice to claim a labour and birth fee for the woman or must be the named back-up LMC attending the labour and birth in place of the LMC who is eligible to claim a labour and birth fee for the woman.
- (2) The second midwife must hold relevant Access Agreements with any facility they provide services in and be authorised to claim under this notice.
- (3) Only 1 *Second midwife services* fee is payable for a labour and birth (including a multiple birth).
- (4) The *Second midwife services* fee must be claimed by, and paid to, the second midwife.
- (5) If the *Second midwife services* fee is claimed, no claim for the following services may be made in respect of that second midwife supported labour and birth:
 - (a) *Rural support* under clause DB13 except in either of the following situations when:
 - (i) that non-LMC labour and birth service was provided by a party other than the midwife LMC (or their back-up LMC midwife) or the second midwife (i.e. 3 midwives or other appropriate professionals in total were required to attend a rural birth and provide labour and birth care services, rural support services and second midwife services); or
 - (ii) the second midwife provides second midwife services as outlined in DB15 and then provides the service in DB13 to accompany the woman in an air/road ambulance from a rural or remote domicile.
- (6) A midwife who is the back-up midwife for a midwife LMC may be the second midwife, but only when they are providing second midwife support as described in clause DB15, and not when the midwife LMC was required to arrange a back-up LMC midwife under this notice.

Defined in this notice: access agreements, back-up LMC, labour and birth, LMC, midwife, second midwife

Sub-part DC—LMC additional travel

General information about LMC additional travel

DC1 Aim of LMC additional travel

- (1) The aim of the *LMC additional travel* module is to support the provision of continuity of care throughout pregnancy, labour and birth, and the postnatal period, within a partnership model of care for women who do not live locally to their LMC of choice, in particular but not limited to, women living in rural areas.
- (2) The *LMC additional travel* module compensates the LMC for the costs or time involved in significant additional travel for home visits over and above usual local travel.
- (3) Local travel, travel to the LMC's premises, and travel to attend labour and birth is part of routine LMC care for all women and is compensated through module fees.

Defined in this notice: additional travel, continuity of care, labour and birth, local travel, module

DC2 Exclusions

- (1) LMC additional travel does not apply to the following trips:
 - (a) travel from the LMC's home to their clinic;
 - (b) travel from the LMC's home or clinic to attend a birth at a woman's home or in hospital;
 - (c) any trip less than 15 kilometres in distance travelled.

Defined in this notice: additional travel

DC3 General requirements for making claims for LMC additional travel

- (1) Payments for *LMC additional travel* may be claimed for services provided in accordance with subpart DC.
- (2) Claims may be made at the conclusion of a module for all eligible travel during that module.
- (3) LMCs must ensure details including client, date, time and total kilometres, are recorded on a per trip basis and can be made available upon request for audit purposes by the Ministry of Health.
- (4) LMCs must submit the total kilometres travelled above the 15-kilometre threshold, and the total number of trips over the period of the module in order to receive payment.

Defined in this notice: additional travel, module

DC4 Service specification: Additional antenatal travel

- (1) An LMC may provide the following services as required to a woman during the antenatal period:
 - (a) home visits (or at other locations as requested by the woman and her whānau) in the first, second or third trimester of pregnancy that require travel of 15 or more kilometres per one-way trip; and
 - (b) home visits (or at other locations as requested by the woman and her whānau) in early labour that require travel of 15 or more kilometres per one-way trip.

Defined in this notice: first trimester, second trimester, third trimester

DC5 Payment rules: Additional antenatal travel

- (1) Payment for *Additional antenatal travel* relates to the provision of antenatal care and may be claimed after the completion of the module in which travel is undertaken.
- (2) Only 1 payment for *Additional antenatal travel* will be made per woman per LMC per antenatal care module. The value of the payment will be calculated using a per kilometre rate for all additional kilometres reported to have been travelled during that module.

Defined in this notice: module

DC6 Service specification: Additional postnatal travel

- (1) An LMC may provide the following services as required to a woman during the postnatal period:
 - (a) home visits (or at other locations as requested by the woman and her whānau) during the postnatal period that incorporate travel of 15 or more kilometres per one-way trip.

DC7 Payment rules: Additional postnatal travel

- (1) Payment for *Additional postnatal travel* relates to the provision of postnatal care and may be claimed only after the *Postnatal care* module is completed.
- (2) Only 1 payment for *Additional postnatal travel* will be made per woman per LMC, except where the woman and baby have different residential addresses. If separate fees for *Additional postnatal travel* are sought, details of the circumstances must be provided with the claim. In particular:
 - (a) where the claim for *Additional postnatal travel* is for the birth mother, the birth mother's NHI number and the baby's NHI number must be provided on the claim; and

- (b) where the claim for *Additional postnatal travel* is for the baby and their caregiver, the caregiver's NHI number and the baby's NHI number must be provided on the claim. In addition, the caregiver must be registered with the maternity provider.
- (3) The value of the payment will be calculated using a per kilometre rate for all additional kilometres reported to have been travelled during that module.

Defined in this notice: maternity provider, module, National Health Index

Sub-part DD—Primary maternity ultrasound services

DD1 Service specification: primary maternity ultrasound services

- (1) A maternity provider who provides an ultrasound scan must provide the following services if a payment for services is claimed:
 - (a) conduct an ultrasound scan according to quality standards recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists; and
 - (b) conduct an ultrasound scan in accordance with the New Zealand Obstetric Ultrasound Guidelines 2019, available on the Ministry of Health website; and
 - (c) ensure that a radiologist or an obstetrician with a Diploma of Diagnostic Ultrasound (or equivalent as determined by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) is available to tailor the radiological examination to the clinical situation by:
 - (i) being physically present at the place where the examination is being performed; or
 - (ii) when using teleradiology, being available to review the transmitted diagnostic images before the woman's departure from the place where the scan is conducted; and
 - (d) obtain a permanent visual record of the scan; and
 - (e) provide the referring general practitioner, midwife, obstetrician or family planning practitioner with a written interpretation of the scan by a radiologist or an obstetrician with a Diploma of Diagnostic Ultrasound (or equivalent as determined by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) in a timely manner.

Defined in this notice: general practitioner, maternity provider, midwife

DD2 Payment rules: primary maternity ultrasound services

- (1) This fee may be claimed only if an appropriate referral has been received in accordance with clause DD3(1)(a).
- (2) A code corresponding to the relevant indication in subclause (3) must be stated on both the referral form and on the claim.
- (3) The list of indication codes for primary maternity ultrasounds scans is available on the Ministry of Health website and identifies the approved clinical indications for ultrasound in pregnancy. The listed conditions are mandatory indications and must be included on the referral form.
- (4) A maternity provider may claim only 1 ultrasound scan fee per woman per date of service.
- (5) A claim for a subsequent scan requires a new referral in accordance with DD3(1)(a).

Defined in this notice: maternity provider

DD3 Referral criteria

- (1) Primary maternity ultrasound scan services may only be provided to women and babies on referral from another practitioner or a family planning practitioner if the specialist who provides the primary maternity ultrasound scan is not the practitioner or family planning practitioner making the referral; and:
 - (a) for ultrasound scans, there is a written referral signed by a midwife, general practitioner, obstetrician or family planning practitioner specifying a clinical reason for the referral that is in accordance with the list on the Ministry of Health website.

Defined in this notice: general practitioner, midwife, practitioner

DD4 Quality of service requirements

- (1) A nuchal translucency ultrasound scan must be undertaken by a practitioner with the appropriate training and access to risk estimation software, and appropriate quality of equipment.
- (2) Practitioners performing or supervising nuchal translucency ultrasound scans must have obtained the appropriate accreditation recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists.

Defined in this notice: practitioner

DD5 Service linkages

- (1) Providers of primary maternity ultrasound services will maintain linkages with local providers of the following services:
- (a) primary health services;
 - (b) LMCs; and
 - (c) secondary maternity services.

Defined in this notice: primary health services, secondary maternity

DD6 Exclusions

- (1) Primary maternity ultrasound services do not include the following:
- (a) lead maternity care;
 - (b) ultrasound scanning except for reasons listed on the Ministry of Health website;
 - (c) any services provided by the provider arm of a DHB;
 - (d) any services provided by a practitioner if:
 - (i) the practitioner is an employee of a DHB provider arm; and
 - (ii) the practitioner provides the maternity service in their capacity as an employee of a DHB provider arm.

Defined in this notice: DHB provider arm, lead maternity care, practitioner

SCHEDULE 1**FEES TBC**

DRAFT FOR CONSULTATION