



Action Plan Update 02

August 2013

Kia Ora!

This is the second newsletter update on how Counties Manukau Health (CM Health) is progressing with the Maternity Review Panel's recommendations for improving our Maternity Care system.

There has been a lot of activity since our last newsletter which we would like to share with you. We are continually linking our current and new projects together to ensure we are not duplicating work and can be more efficient in achieving our goals.

There has been great feedback and information received thus far, thank you. All of your comments are valuable and will help us with the work we need to do to help our mothers and babies in a better way.

Maternity Care Consumer Panel

A Maternity Care Consumer Panel was formed as requested by the external Maternity Report's recommendations. The objective was to assist Counties Manukau to identify what is working well with the current maternity care system and highlight areas where improvements can be made. Our Counties Manukau women of childbearing age, predominantly live in areas of higher socioeconomic deprivation, are much younger and have more babies than the rest of New Zealand. It was decided to form 5 Maternity Care Consumer Panel groups to represent our Maaori, Pacific and Young Mothers who have used our maternity services within the last four years.

Each of the consumer panels participated in 2 focus group discussions and represented the following:

1. Teen Mums Supported by Charitable Organisation
2. Teen Mums Supported by Secondary School
3. Young Mums living in a Supported Home
4. Young Mums living in the Community
5. Maaori and Pacific mums representing CM Health localities

All 10 focus group discussions are now completed and the feedback has provided fascinating, insightful and very heartfelt recommendations for improvements.



Communications & Information

There has been great progress in connecting self-employed midwives with the hospital information systems.

90% of self-employed midwives can now connect directly to hospital information systems to enhance their ability to provide care for their women. In the next two months there will be 100% completion.

The Healthpoint website has been updated to provide profiles of self-employed midwives for women. Each profile has a photo, contact details, information on which area the self-employed midwife works and what services they can provide. This will give women the information to make choices that are suitable for themselves and their families.

Maternity Care Services

Maternity Quality and Safety Programme

The CM Health Maternity Quality and Safety Programme (MQSP) brings together the key people to monitor and improve maternity care to women who reside within our district. The programme is supported by quantitative and qualitative information that helps to identify areas for improvement and further investigation. The programme builds on existing review systems, while at the same time providing opportunities to provide safer and better quality maternity care to women and their babies. The programme will aim to improve communication, teamwork and the quality of maternity care for women and their babies resident within Counties Manukau.

The Maternity Quality and Safety Board sent the first Maternity Annual Report to the Ministry of Health last month outlining our current and planned strategy under the following 6 sections:

- Data Analysis
- Aims and Objectives
- Maternity Outcomes for Women living in CMDHB
- Implementation of the Quality and Safety Programme
- Quality Improvement Activities undertaken for 2012 - 2013
- The Maternity Quality Safety Programme priority areas for 2013 - 2014

The MQSP aligns closely with the Maternity Review Project Board in implementing the recommendations of the external Maternity Review while also providing the framework which informs the Quality Improvement developments. Further updates on the 2013/14 work plan will be provided throughout the year.



Workforce

Maternity Workforce Development

The initial focus for this recommendation is on midwifery workforce with the aim to extend our development to other groups. Consultation with the current Midwifery workforce commenced with the Midwifery Clinical Practitioner workshops. These were facilitated by Anne Pattillo in May 2013, with a combined number of sixty seven participants. The participants were asked to identify what they would like to "Keep, Drop and Create" with the current situation. The summary report of workshops was sent to all LMC's and Midwifery staff.

The follow up combined workshop was held mid-June 2013 focusing on reviewing previous workshops, identifying key areas for action, scoping each action and prioritising the key identified areas. There were twenty midwives in attendance from both LMC and DHB employed areas. A summary of the workshop will be distributed shortly. The main themes were (1) valuing and recognising Women's Health and Midwifery, (2) managing the demand and service pressures, (3) early engagement and contraception (covered in other work-streams), (4) staff training plus culture and workforce, and (5) interface between the DHB employed staff and self-employed LMCs - this was seen as a symptom not as the problem. The themes will be taken to the Workforce Development steering group to continue working through to solutions.

Nominations for the Workforce Development steering group have been received and membership confirmed. The membership consists of LMC midwives and core staff representing the different geographic and work areas. The first steering group workshop will be at Ko Awatea and facilitated by Workforce Development at the end of August.

There is a recruitment drive to increase experienced self-employed LMCs in the Counties Manukau area. There has been initial interest from within Auckland and the South Island. There is a need for experienced self-employed LMCs to support the growth of graduate midwives intending to work in the district.

Family Planning

The Family Planning/Contraception Project Group has a number of projects underway. The Stage One projects have focused on internal activities and data collection has formed an important part of measuring the current situation. We asked women on the postnatal wards to complete a survey indicating what contraception they will choose and asking what the barriers are for accessing their ideal method. Women are indicating that while they are on the postnatal ward is a suitable time to discuss/receive contraception. At the same time the Maternity Care Consumer Panel workshops have been able to give us a clearer understanding of what women really want.

We also surveyed the midwives and following the results of the survey we have scheduled the first of a monthly series of education sessions. Midwives will be able to receive training to enable them to confidently explain all contraception options, and competently prescribe and administer commonly-used methods. They will also be able to assist women by booking them into a community family planning clinic.

Later in the year we plan to start a pilot of education sessions and contraception clinics for postnatal women. The education sessions will be hosted daily on the ward and staff will discuss the various options. Women will have the option to select their preferred method and receive it while still on the ward, or alternatively be booked to receive a long acting reversible contraception (LARC) at a later date. We have developed an easy to understand pamphlet in a range of languages to aid women in their decision making. Another project in the first stage involves refining the current tubal ligation process so that it runs smoothly for women who choose this option.

Stage Two and Three activities will be agreed over the next two months and will focus on funding (Stage Two) and community issues, social media and localities (Stage Three).

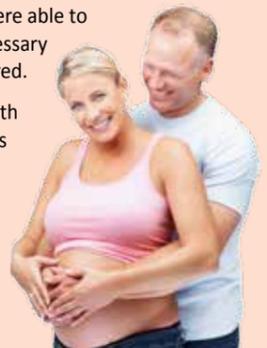


Early Pregnancy & Assessment

Ultrasound Scanning

Ultrasound scanning is an essential component of the Maternity Care pathway. Scans help Lead Maternity Carers (LMCs) and women monitor foetal growth and accurate dating early in pregnancy. Whilst ultrasound utilisation in Counties Manukau seems in line with national average 3.6 (national average 3.4), national information does not tell us whether women receive scans in a timely manner - particularly for urgent and semi-urgent scans. It is also not able to tell us whether vulnerable and high risk women were able to access additional scans and whether unnecessary scanning for low risk pregnancies has occurred.

A piece of work has commenced working with the ultrasound providers within the Counties Manukau area to understand the issues around accessing scans in a timely manner. Individual meetings are being planned with each ultrasound provider with an agreed implementation plan due by the end of August 2013.



Vulnerable & High Needs Women

It is recognised that while many women in our District have healthy pregnancies and deliver healthy babies, a high proportion of women have complex social or medical needs that may be improved and managed properly by access to additional health or social services.

The aim of this project is to consider how these women could be identified and what additional social support and clinical capacity would be of benefit to these women. While there have been a number of discussions, related to this area, work on this project has not formally started.