

Clinical: Women's Health
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23 July 2019

[REDACTED]
[REDACTED]
[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 02 July 2019. You noted the following points, and requested information on neonatal unit capacity:

I've decided to look at the wider situation around the country, so am contacting DHBs that cover NZ's biggest cities, to ask how often this is happening. I'm not asking about where babies are transferred between other DHBs in Auckland, but when they are transferred out-of-town.

Could the figures please be for the past three years?

- 1. How often have expectant mothers and/or new-born babies been transferred from Counties Manukau to DHBs outside the Auckland area?**
- 2. Why were they transferred? (e.g. because neonatal ward was at capacity, or because DHB does not ordinarily have the facilities needed in a particular case).**
- 3. Where were they transferred to?**
- 4. Were any transferred to Australia?**
- 5. Can you please tell me the occupancy rates for your neonatal wards over the past three years?**

CM Health is conscious of the public interest in maternity service provision, but is also conscious of the privacy rights of the individuals concerned, particularly due to the sensitive nature of these events and given the small numbers of babies and mothers involved. Our response attempts to balance those interests, and we appreciate your respect for this.

For context, Counties Manukau Health (CM Health) provides health services to in excess of 569,000 people, in an ethnically diverse community. Over a third of the Counties Manukau population is classified as being the most socio-economically deprived in New Zealand. We are one of the fastest growing DHB populations in New Zealand.

It is estimated there are 120,000 women of childbearing age (15 to 44 years) living in the area serviced by CM Health. In 2017/18, there were 6,556 births at Middlemore Hospital, and just over 800 in the three community maternity units in Papakura, Pukekohe and Botany Downs.

We continue to see a rise in the clinical complexity of births occurring in Counties Manukau, which can increase the risk of a new-born requiring a Neonatal Unit admission. These include population health factors such as high maternal BMI, smoking, drug use, and living in a low decile (economically disadvantaged) locality. Babies born to mothers from higher levels of deprivation are over-represented in Neonatal Units.

By way of caution, we note that using raw data such as this, which is unadjusted for variables of population and demographic factors, given the regional distribution of services and small numbers to compare services across DHBs is potentially misleading.

1. How often have expectant mothers and/or new-born babies been transferred from Counties Manukau to DHBs outside the Auckland area?

Counties Manukau Health began to systematically collate this information from July 2018, as part of a regional report.

- From 1 July 2018 - 30 June 2019, two expectant mothers were transferred out of the Auckland region, due to regional Neonatal Unit cot capacity.

Prior to July 2018, we do not have reliable retrospective data on the exact number of women transferring to other DHBs, before a birth or the reasons why. Women may transfer before birth due to clinical complications, or wanting to return to their DHB of domicile before birth, and at times due to Neonatal Unit capacity issues.

2. Why were they transferred? (e.g. because neonatal ward was at capacity, or because DHB does not ordinarily have the facilities needed in a particular case).

These two cases were transferred out of the metro-Auckland area due to the all Auckland regional neonatal cots being at 100% capacity. This arrangement will only occur at times when the local Neonatal Unit is already at, or over, resourced capacity, and cannot safely provide care for another anticipated premature or sick neonate. Extensive negotiation and planning of such any transfer then occur with the receiving DHB and the family, to ensure the transfer is timely and safe.

The National Child & Youth Clinical Network has guidelines for the transfer of neonatal infants.

Refer: <https://www.starship.org.nz/for-health-professionals/new-zealand-child-and-youth-clinical-networks/newborn-clinical-network/>

3. Where were they transferred to?

We have previously provided information on one of the two cases at CM Health that was transferred, and have been asked to respect the privacy of the other family involved in a similar transfer. We do not

believe public interest in further details of this nature outweighs that right to privacy in this instance, for either family. We do this under s(9)(2) (a) of the Act – to protect the privacy of an individual.

4. Were any transferred to Australia?

No expectant mothers, or new-born babies have been transferred to Australia.

5. Can you please tell me the occupancy rates for your neonatal wards over the past three years?

Occupancy rates in the Neonatal Unit fluctuate according to acuity of the babies and staffing requirements. Resourced (staffed) cots flex up and down daily, to accommodate the level of nursing care required for babies in the Unit, as well as anticipated admissions from the Birthing Unit. We do not retain Neonatal Unit daily admissions/ occupancy data in a standard report.

There is physical capacity for 38 cots in the Neonatal Unit, including level 2 (Special Care) and level 3 (Intensive Care) babies. Since July 2017, we have increased our 'resourced occupancy' cots. From May 2019, resourced cots have increased to 34 at CM Health.

- The average occupancy for 2016/17 was 97%, based on 28 resourced cots
- The average occupancy for 2017/18 was 98%, based on 30 resourced cots
- The average occupancy for 2018/19 was 99%, based on 32 resourced cots

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health