

Clinical: Women's Health
Proactive Publish: 20 July 2018



20 June 2018

[REDACTED]
[REDACTED]
NZ Herald

E-mail: [REDACTED]

Dear [REDACTED],

Official Information Act (1982) Request

I write in response to your Official Information Act request, which we received on 22 May 2018. You requested the following information on maternity services, and our responses are provided below:

For context, each year over 7,000 women will use CM Health services and facilities to give birth. Further information is publicly available on our website in the *Annual Women's Health and New Born Report 2017*.

<http://www.countiesmanukau.health.nz/our-services/womens-health/maternity-services/womens-health-and-newborn-annual-report/>

1. Record of how many women in labour have been turned away from the maternity ward month-on-month, for the last five years.

We have recently (in February and April 2018) provided several responses to similar questions from the NZ Herald on our maternity services capacity and are including those responses here for your reference. As consistently noted, we do not 'turn away' women in labour from any of our CM Health facilities.

2. What is the reason woman in labour are being turned away from the maternity ward?
 - a. How many are being turned away because there are no beds?
 - b. How many are being turned away because of lack of staff?

As also noted in those responses, we do not have reliable retrospective data on the exact number of women transferring to other DHBs *before birth* or the exact reasons why that occurred. Women may be transferred before birth for a range of reasons, including for specialist management of clinical complications, personal preference for wanting to return to their DHB of domicile before birthing, and also at times due to Neonatal Unit capacity issues.

Over the past 8 months, we have observed more women have required *antenatal* transfer to other DHBs prior to birthing due to the increased demand on specialist Neonatal resources in our Neonatal Unit. These situations only occur when the CM Health Neonatal Unit is already at (or over) the resourced (staffed) capacity, and therefore cannot safely provide clinical care for another anticipated

premature or sick neonate. In all cases, extensive negotiation and planning of these transfers occurs, and is coordinated by clinical staff at CM Health with both the receiving DHB and the mother/ family, to ensure the transfer is timely and safe.

We have also recently (March 2018) provided information on our Neonatal Unit capacity issues in an OIA response to Fairfax Media. In brief, the levels of resourced (staffed) Neonatal Unit cots are flexed 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. In July 2017, we increased our resourced occupancy to 28-30 cots, and continue to monitor this demand. The total Neonatal Unit capacity includes level 2 (Special Care) and level 3 (Intensive Care) babies.

3. Number of complaints the maternity department has received year on year, for the last five years.

From the Women's Health divisional complaints data (which includes Maternity and Gynaecology Services complaints), the total complaints received for the following years were:

2013	45 complaints
2014	56 complaints
2015	53 complaints
2016	65 complaints
2017	80 complaints

These relate to a wide and diverse range of experiences by women using our services and are all investigated and followed-up at the time of receipt, with a response sent to the complainant.

4. Number of complaints the maternity department has received for turning woman in labour away year on year, for the last five years.

There have been no complaints regarding turning away women in labour. Up until March 2018, there were also no complaints received about women or babies needing transfer to other DHBs due to a lack of any capacity at CM Health.

In the last 3 months, we have received three complaints related to neonatal capacity. Two complaints were from parents where the birthing women requiring antenatal transfers due to lack of specialist Neonatal Unit capacity at CM Health. One involved twin premature babies who initially required clinical care at Auckland (Starship) Hospital, and then could not return to CM Health when clinically stable, due to CM Health Neonatal Unit capacity considerations.

5. Record of capacity, how many times the maternity ward has been full up to May 2018, year-on-year for the last five years.

Although the Middlemore Birthing and Maternity Ward is often very busy, there have been no occasions where women have not been able to be admitted to the ward.

Counties Manukau is fortunate in having three Community Birthing and Post-natal facilities (at Botany, Papakura and Pukekohe), which are often closer to home for new mothers. We use these

facilities for primary birthing, but importantly we are also able to transfer women following a birth from the Middlemore Maternity Ward to the primary units for extended post-natal care.

6. Policy on the DHBs responsibility if beds are full or there is limited staff.

The DHB does not have a formal Policy on these matters. However, all maternity and neonatal areas have escalation plans, which are in place to guide responses to various over-demand scenarios within services in a clinically safe and appropriate manner. These escalation plans outline multidisciplinary support (midwifery and medical staff across Obstetrics and Neonatal Unit), and all disciplines will contribute to the decision processes involved in determining the immediate and longer term clinical actions required for individual women and their babies.

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,

A handwritten signature in blue ink, appearing to be 'GJ', with a long, sweeping horizontal line extending to the right.

Gloria Johnson
Chief Executive (Acting)