The Royal Australasian College of Physicians
New Zealand

Paediatric Society New Zealand

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Dear Caroline

Developing a National Quality and Safety Programme for Maternity Services

Thank you for the opportunity to comment on the discussion paper.

The Paediatric Society of New Zealand (the Society) and the Royal Australasian College of Physicians (the College) strongly support the proposal that a Quality and Safety Programme for Maternity and newborn services needs to underpin the delivery of services to mothers and babies.

Both the College and the Society agree that maternity services include primary, secondary and tertiary care to the mother and the baby from conception until 6 weeks post delivery. The mother and baby must also be considered within the wider family/whānau context.

All documentation must place the mother and the baby at the centre of services provided and clearly delineate the continuum of services that both mothers and their babies access.

Key Themes:

1. **Ongoing commitment to consumer focused services.**
   Quality evidenced based services supported by a robust data collecting and monitoring system was identified as the top priority by Society and College attendees at the workshops. Both the College and the Society agree that the focus needs to be on the mother and the baby.

It must be emphasised that the women's choice for the delivery of her baby must be determined by the needs of the baby and the mother. Hospitals may provide primary, secondary or tertiary level services. They may contain birthing units in their precinct. Within a tertiary hospital setting all levels of care are available, excluding home birthing. That is, a woman and her baby may receive primary maternity care with a Lead Maternity Caregiver and second midwife attending the mother and baby, within a tertiary hospital setting where all secondary and tertiary levels of service are available. Wherever a woman chooses to deliver, should secondary and tertiary referral be required (before or during labour) then appropriate access to Obstetricians, Paediatricians, Anaesthetists, Mental Health professionals, Physicians, Pathologists, and Radiologists must be available and accessed in a timely manner.

Secondary and Tertiary units are for the mother and for the baby who need access to these services based on need. Risk analysis pre-delivery will not always accurately predict delivery requirements in all cases therefore a state of readiness needs to exist, and referral guidelines should be in place to optimise referral procedures during the delivery process.

2. **Clinical Governance and leadership at local and national levels.**

We fully endorse a multidisciplinary approach and representation. Therefore it was with considerable dismay we found that not only has the baby not been given appropriate status within the mother – infant dyad but also that the Society and the College had not been considered as "key professional colleges" alongside the New Zealand Council of Midwives, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal New Zealand College of General Practitioners.

That the College and the Society were not considered to help develop the scope and content of the maternity standards and the national clinical indicators, creates a lack of confidence in the outcome of the review with the Ministry of Health.

3. **Clear programme of local activity and National consistency**

Both the College and the Society believe that to ensure national consistency a district and regional approach must be linked to a national register of activity, outcome and guideline development. We endorse the need for a National Monitoring Group. Adequate funding must be made available for consumer representation and self employed professional groups. This needs to include child care provisions especially for consumers.

We note with some concern that not all professional groups have been identified in the quality and safety programme. Importantly mental health providers for mother and infant have been omitted. Other professional groups that need representation include radiologists, anaesthetists, pathologists, medical physicians, and pharmacists. Other agencies with important contributions include Coroners, the Health and Disability Commissioner, the Accident Compensation Corporation and the Consumer Council. In addition the role of medical management, and planning and funding mentioned in the quality and safety programme does not represent their role in the implementation of clinical standards and clinical indicators.

We endorse the need for national consistency and transparency. This includes pregnancy management, activities that occur in the community and births in the home.

4. **High quality data is needed to inform national quality indicators.**

A clear message from the workshops and previous reviews strongly supported the need for high quality, relevant data and information sharing. Electronic data collection is further supported. The only way to achieve this is to have data collection on all births.

The College and the Society trust that the above comments are helpful. If you wish to discuss any of the above issues further please do not hesitate to contact either Dr Rosemary Marks or Dr Archie Kerr.

Yours faithfully,

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