

## What measures and why?

Support for māmā and pēpi to feel engaged with Lead Maternity Carers (LMCs), general practice (GP) services, and Well Child Tamariki Ora (WCTO) services builds the foundations for a healthy life for the entire whānau. The lead measures for this priority focus on these three key service types within the first 2,000 days.

Enrolment is used to represent access and service use. However, it should be noted that enrolment may not equate to hapu māmā and pēpi receiving all the health services they need. Other underlying measures also provide insight into relevant areas of the system that impact the lead measures, including Māori midwives in the workforce and Māori midwifery graduates.

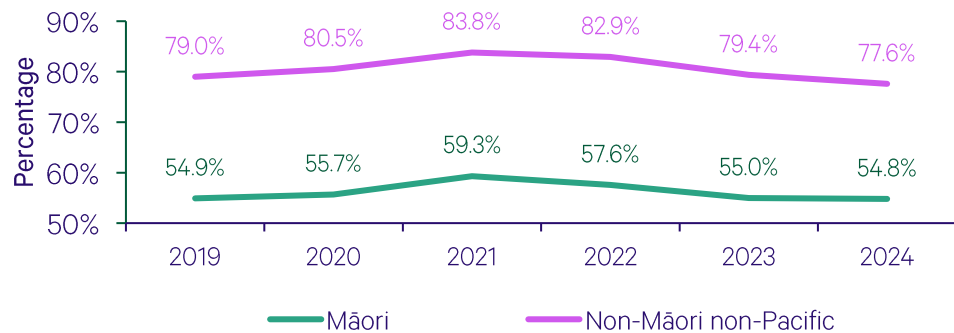


## LMC enrolments for hapu māmā are critical for pēpi health

There continues to be a persistent gap in early enrolment with a LMC between Māori and non-Māori non-Pacific peoples.

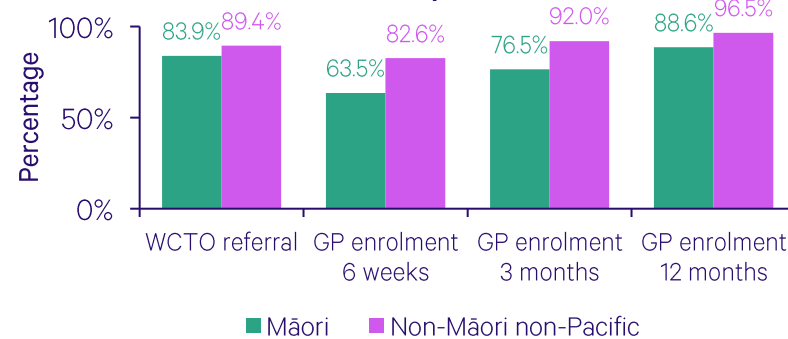
There are currently gaps across the maternity care pathway for pēpi Māori.

Women enrolled with a LMC in the first trimester, by ethnicity, 2019 to 2024



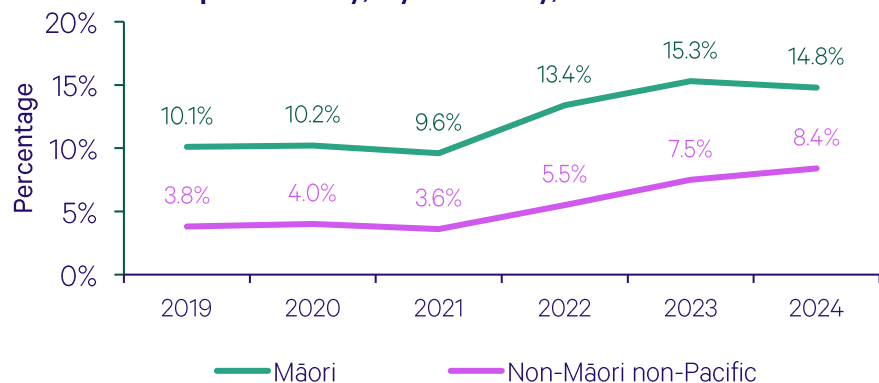
Early enrolment supports healthy pregnancy outcomes and timely care.

WCTO referrals and GP enrolments, by ethnicity, 2024



Pēpi Māori are less likely to be referred to Well Child Tamariki Ora and enrolled with a GP than non-Māori non-Pacific children, despite recent improvements. GP enrolments at 6 weeks and 3 months has improved significantly, there are lessons to be learnt from these improvements.

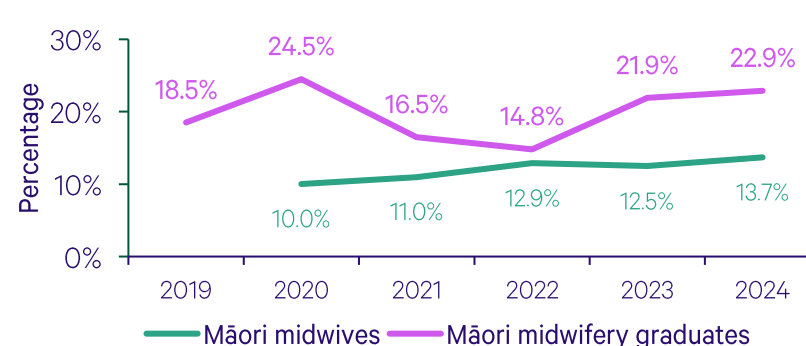
Women enrolled with a LMC in the third trimester or postnatally, by ethnicity, 2019 to 2024



In 2024, **14.8%** of hapu māmā enrolled in the third trimester or postnatally, compared to 9.6% in 2021. These hapu māmā miss out on opportunities for early care and prevention, which is not ideal.

## Current Māori midwifery workforce

Māori midwifery graduates and midwives, 2019 to 2024



In 2024, **22.9%** of midwifery graduates were Māori, and **13.7%** of the midwifery workforce were Māori. The ratio of Māori midwives to hapu māmā nationally was 1:30, and Taranaki was the district with the lowest number of Māori midwives to hapu māmā (ratio 1:86).

The recommended case load for midwives is 40–50 births per year.

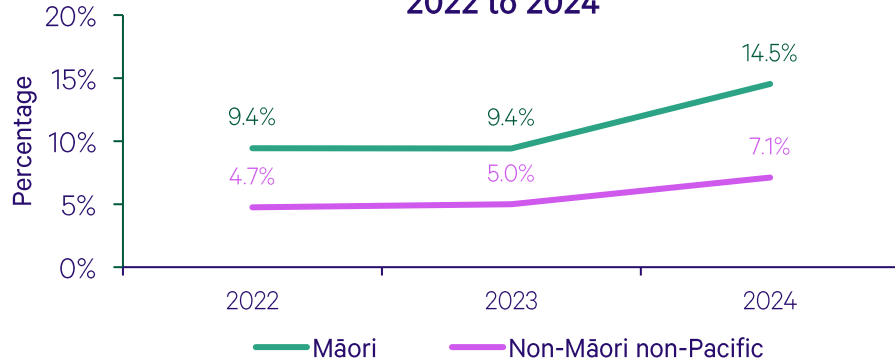
## Priority 2 – Key Insights



From July 2024, the pre-enrolment period was extended from 3 months to 12 months. Pēpi that pre-enrolled with a GP at 6 weeks and 3 months showed a big increase since the change.

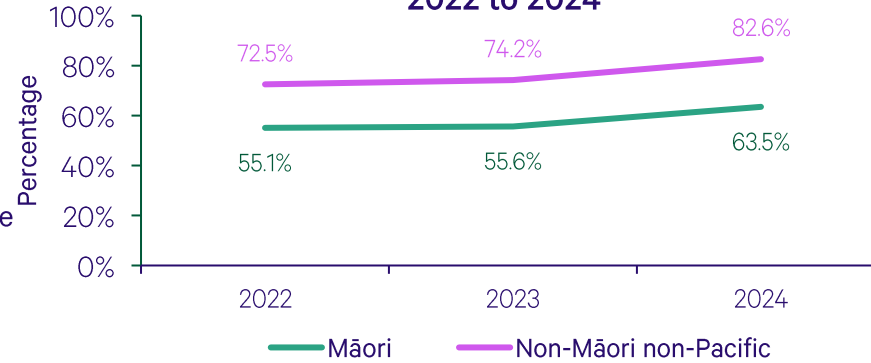
A pēpi who is pre-enrolled will be accepted by a GP, and that practice is funded for that pēpi as if they are already enrolled.

Pēpi pre-enrolled with a GP at 6 weeks, by ethnicity, 2022 to 2024



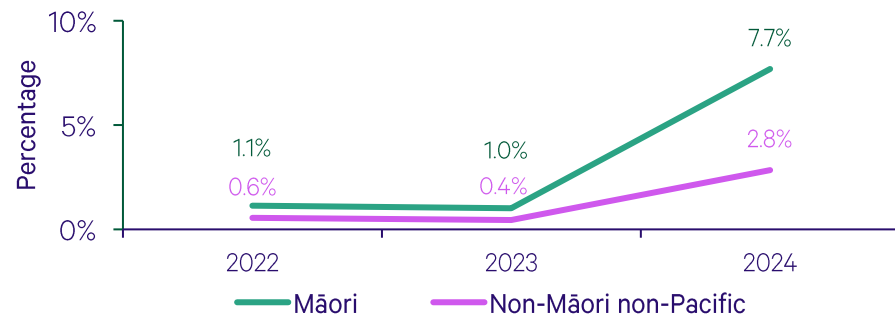
**14.5%** of pēpi Māori aged 6 weeks were pre-enrolled with a GP in 2024, showing a **5.1** percentage point increase from 2023 (9.4%).

Pēpi enrolled with a GP at 6 weeks, by ethnicity, 2022 to 2024



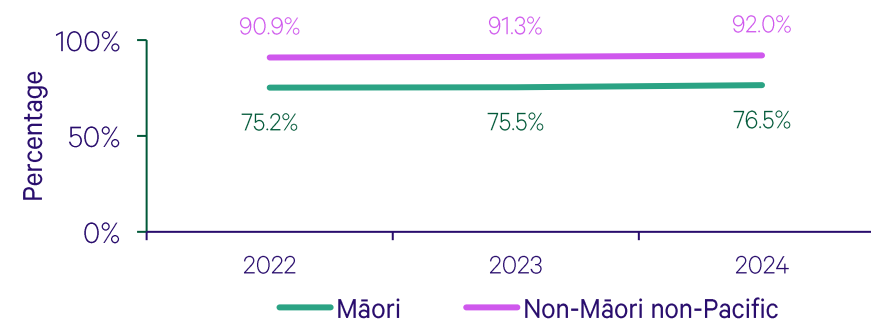
**63.5%** of pēpi Māori aged 6 weeks were enrolled with a GP in 2024, an increase from 2023 (55.6%).

Pēpi pre-enrolled with a GP at 3 months, by ethnicity, 2022 to 2024



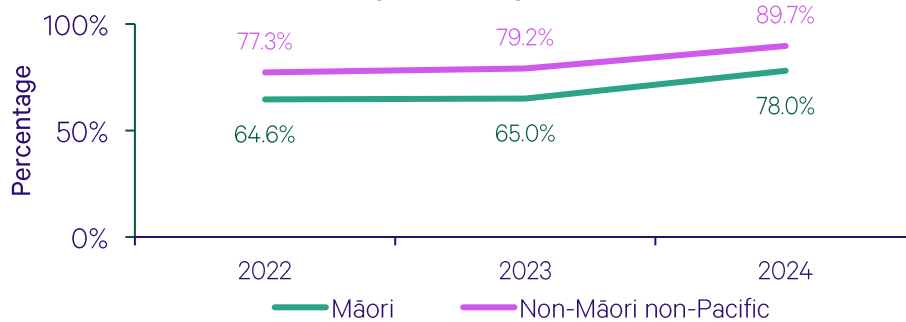
In 2024, **7.7%** of pēpi Māori aged 3 months were pre-enrolled with a GP, a sharp increase from 2023 (1.0%).

Pēpi enrolled with a GP at 3 months, by ethnicity, 2022 to 2024



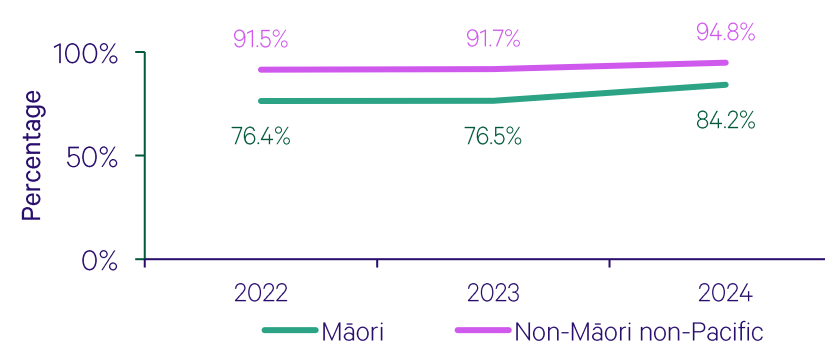
**76.5%** of pēpi Māori aged 3 months were enrolled with a GP in 2024, a slight increase from 2023 (75.5%).

Pēpi pre-enrolled or enrolled with a GP at 6 weeks, by ethnicity, 2022 to 2024



In 2024, **78.0%** of pēpi Māori aged 6 weeks were pre-enrolled or enrolled with a GP, a sharp increase from 2023 (65.0%).

Pēpi pre-enrolled or enrolled with a GP at 3 months, by ethnicity, 2022 to 2024

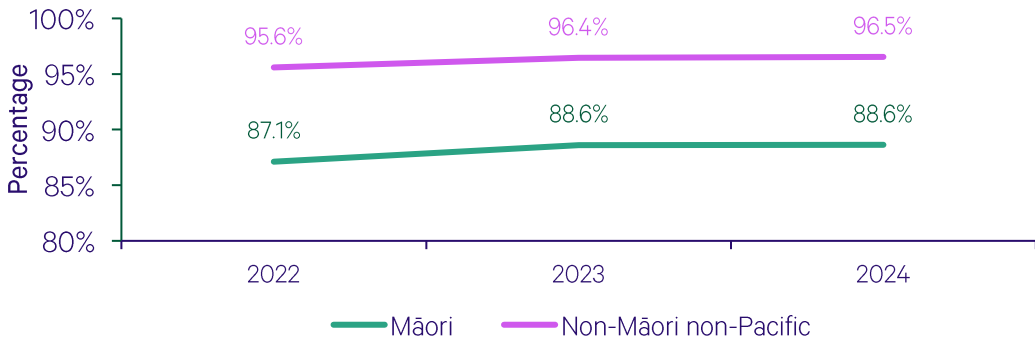


**84.2%** pēpi Māori aged 3 months were pre-enrolled or enrolled with a GP, a rise from 2023 (76.5%)

Pēpi Māori aged 3 months were **11.2%** less likely to be pre-enrolled or enrolled with a GP than non-Māori non-Pacific peoples.

## Priority 2 – Key Insights

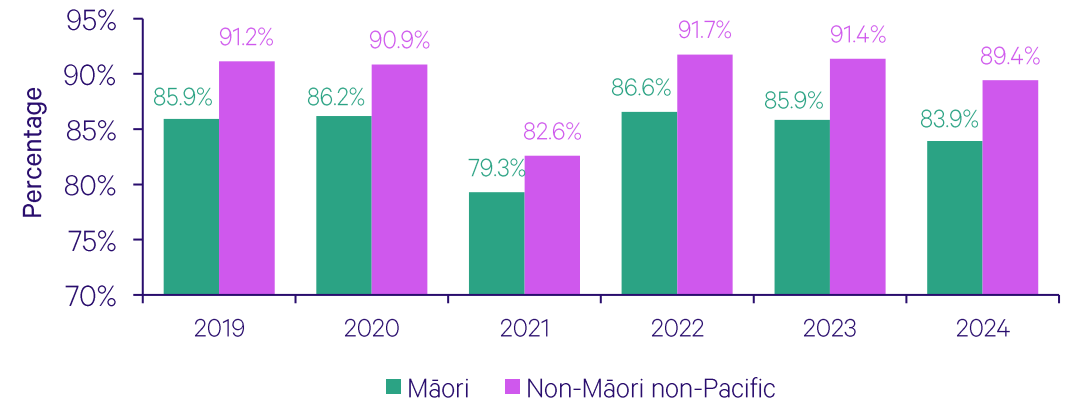
Pēpi enrolled with a GP at 12 months, by ethnicity, 2022 to 2024



In 2024, pēpi Māori enrolled with a GP at 12 months was the same as in 2023 (88.6%).

Pēpi Māori were **8.2%** less likely to be enrolled than non-Māori non-Pacific peoples.

Pēpi referral to WCTO, by ethnicity, 2019 to 2024



In 2024, the **10.0%** of missed maternity first specialist appointments (FSAs) for Māori showed that these FSAs failed to meet the needs of hapu māmā for an appointment.



Common reasons reported for missing appointments included:

- Systemic and practical barriers, including transport, cost, and scheduling challenges
- poor communication and unclear referral processes
- culturally unsafe environments and systemic racism

Source: summarised from multiple documents



In 2024, **14.7%** of tamariki Māori did not have any WCTO contact compared to 11.3% of non-Māori non-Pacific peoples.

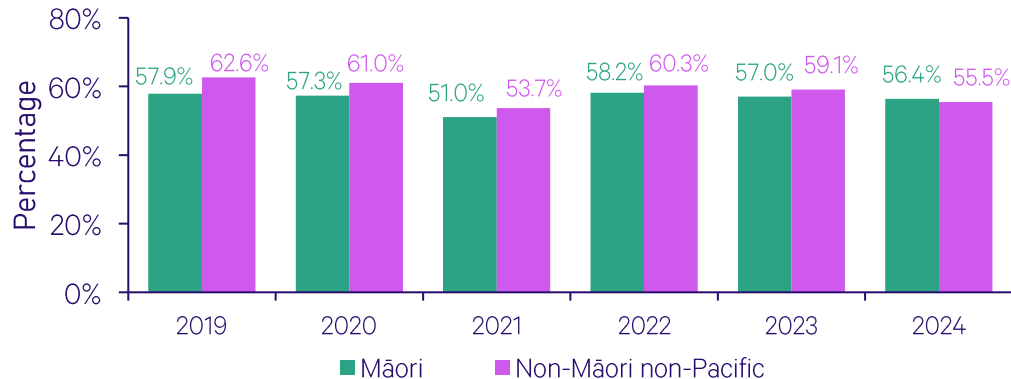
**55** of the 78 WCTO suppliers were Māori providers.



Smoking rates among hapu māmā decreased to **6.0%** in 2024, compared to 17.8% in 2019. This shows that Māori-led programmes are having an impact in reducing smoking.

In 2024, **56.4%** of pēpi Māori were exclusively breastfed 2 weeks after birth.

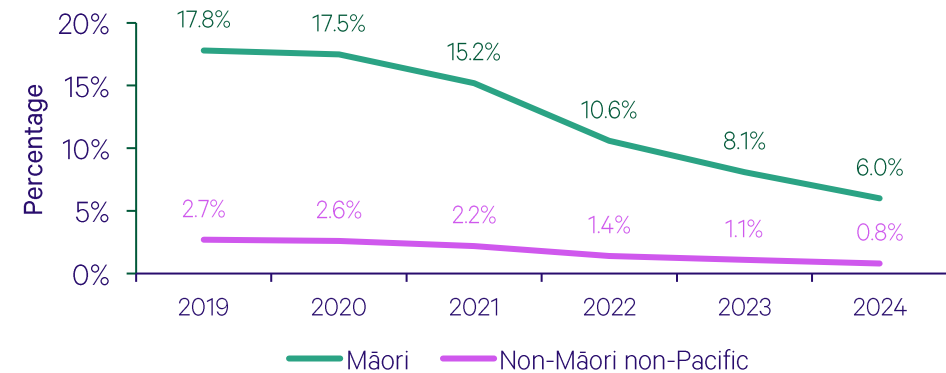
Exclusive breastfeeding 2 weeks after birth, by ethnicity, 2019 to 2024



In 2024:

- Māori breastfeeding rates experienced a small decline from 2023 (57.0%).
- This is the first time the Māori breastfeeding rate was higher than the non-Māori non-Pacific peoples breastfeeding rate.

Maternal smoking rates, by ethnicity, 2019 to 2024



Hapu māmā had a higher smoking rate than non-Māori non-Pacific peoples.



Around **12-18%** of New Zealand mothers experience distress in the period of pregnancy and the first year after birth, resulting in significant impacts on hapu māmā and pēpi mortality. (HQSC Mortality Review Committee)

GPS Priority Area	New Zealand Health Plan Actions	What's happening in the system?
<p style="text-align: center;"><b>Access</b></p> <ul style="list-style-type: none"> <li>Work in partnership with IMPBs and local communities to ensure primary and community care services are increasingly tailored to better respond to people's needs, including family and community-based services.</li> <li>Make health sector information available to local communities and IMPBs to support their role in service design and delivery.</li> <li>Expand the choice of whānau-centred, holistic maternity and early years' services.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a new Kahu Taurima commissioning framework for maternity and early years. Ensure that the design reflects local needs across all four regions, including rural populations. Regions work closely with Iwi-Māori Partnership Boards (IMPBs) and local whānau voice.</li> </ul>	<p style="text-align: center;"><u><a href="#">Health New Zealand's Letters of Expectations, 2025</a></u></p> <p>Over the four letters from Minister Brown to Health NZ, there are clear expectations for Health NZ to</p> <ul style="list-style-type: none"> <li>monitor and hold PHOs accountable for ensuring practices open their books for enrolment for newborns</li> <li>provide direct funding to GP clinics</li> <li>prioritise funding to ensure Plunket is resourced to do their job properly</li> <li>progress work to better support mothers and babies in the critical days following birth.</li> </ul>
<p style="text-align: center;"><b>Timeliness</b></p> <ul style="list-style-type: none"> <li>Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe.</li> <li>Diversify people's entry points into the primary and community health care system, to ease acute wait times, and support more point of care diagnostic testing for putting people on the care pathway they need sooner.</li> </ul>	<ul style="list-style-type: none"> <li>First 2,000 days identified as a priority area for Māori, alongside major conditions and mental health. With an emphasis on improving outcomes for pēpi and young tamariki through whānau-centred models. Services grounded in mātauranga Māori and delivered with Māori providers and IMPBs.</li> </ul>	<p style="text-align: center;"><u><a href="#">Case Study: Extending baby pre-enrolment</a></u></p> <p>Health NZ's agreement with GP to extend GP pre-enrolment timeframes from 3 months to 12 months since July 2024 appears to have supported earlier enrolment of Māori pēpi at 6 weeks and 3 months.</p>
<p style="text-align: center;"><b>Quality</b></p> <ul style="list-style-type: none"> <li>Improve data on communities, including data collection, reporting, monitoring and sharing for providers and treaty partners and enable outcomes to be monitored by ethnicity, gender, age, rurality, and disability.</li> <li>Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice.</li> </ul>	<ul style="list-style-type: none"> <li>Telehealth expansion, enhanced community pharmacy services, improved travel assistance awareness and support, easier access to services during pregnancy and early childhood. These enable timely primary care for māmā and pēpi, particularly in rural areas.</li> </ul>	<p style="text-align: center;"><u><a href="#">Case Study: B4Baby (Breastfeeding Support)</a></u></p> <p>Turuki Health Care's B4Baby is a kaupapa Māori breastfeeding service that provides education and support to mothers in South Auckland.</p>
<p style="text-align: center;"><b>Workforce</b></p> <ul style="list-style-type: none"> <li>Improve access to domestic training pathways to deliver a culturally competent and home-grown workforce that better reflects the population of New Zealand as a whole.</li> <li>Develop leadership programmes, including investing in aspiring Māori health leaders and rangatahi, as well as Pacific peoples and disabled people.</li> <li>Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration.</li> </ul>	<ul style="list-style-type: none"> <li>Well Child Tamariki Ora (WCTO) services maintained. Plan confirms delivery of 48,500 Well Child Assessments per year across 2024–2027.</li> <li>Implement the Health Workforce Plan and monitor the delivery of agreed workforce.</li> </ul>	<p style="text-align: center;"><u><a href="#">Case Study: Hapuu Waananga (Pregnancy and Birth Waananga)</a></u></p> <p>Turuki Health Care's 'Hapuu Waananga' offers culturally informed antenatal education through one-day waananga held every Friday at Manu Tukutuku Community Centre and every Saturday at Turuki Health Care in Manukau throughout 2025.</p>
<p style="text-align: center;"><b>Infrastructure</b></p> <ul style="list-style-type: none"> <li>Continue to progress digital initiatives to enable care closer to home.</li> </ul>		<p style="text-align: center;"><u><a href="#">Case Study: Kahu Taurima</a></u></p> <p>Kahu Taurima is a programme focussed on maternity and early years. It aims to ensure whānau have the best start in life by having a system that is culturally safe, easy to access, and free from discrimination. The programme comprises a number of initiatives, focussed on providing wrap-around services for whānau, including Well Child Tamariki Ora services and developing a national Perinatal Bereavement Care Pathway for those who have lost their pēpi.</p>