In Confidence

Office of the Associate Minister of Health

Chair, Cabinet Social Wellbeing Committee

Refocusing the Maternity Action Plan

Proposal

1 This paper seeks Cabinet endorsement to refocus the Maternity Action Plan 2019-2023.

Relation to Government Priorities

2 The Maternity Action Plan is a key health action under the Child and Youth Wellbeing Strategy 2019, along with the review of Well Child Tamariki Ora. Budget 2020 delivered a $242[1] million boost for mothers and maternity services which included $35 million to implement the Maternity Action Plan.

Executive Summary

3 The maternity sector is complex and challenging. There is longstanding inequity in maternal and infant health outcomes, chronic workforce pressures and structural barriers to care. This cannot be shifted without coordinated action, driven by and accountable to the communities most adversely affected.

4 The Maternity Action Plan was developed following consultation in 2018 to deliver maternity sector improvement priorities. It is a key action under the Government's 2019 Child and Youth Wellbeing Strategy.

5 The health landscape of New Zealand has significantly shifted since 2018. The current Maternity Action Plan does not reflect the Crown's Te Tiriti o Waitangi commitments. It does not cover the breadth of public health action needed to support child and youth wellbeing. In its current form, it will not achieve equitable outcomes for whānau Māori, Pacific peoples and other populations that are disadvantaged by our current maternity system.

6 I am seeking endorsement from Cabinet to refocus the Maternity Action Plan for its final two years. I want a greater equity focus on the first thousand days of a child's life and better alignment with the approach being taken in the transformation of Well Child Tamariki Ora. I also need the maternity sector to be well placed for the transformational changes ahead through the health and disability system reforms.

7 My new Maternity Action Plan will be developed through a Te Tiriti o Waitangi-based partnership with sector and iwi stakeholders. It will align with the

[1] Budget 2020 allocated $35 million to the Maternity Action Plan, $60 million to implementing maternity related recommendations of the Health and Disability System Review, $142 million to boost primary maternity services and $5 million to COVID-19 support payments for primary maternity services.

strategic directions set out in Whakamaua – Māori Health Action Plan 2020- 2025 (Whakamaua) and Ola Manuia – Pacific Health and Wellbeing Action Plan 2020-2025 (Ola Manuia). It will work to deliver our shared aspirations for equitable population health and wellbeing outcomes.

8 Components of the current Maternity Action Plan still represent critical activities needed to stabilise the maternity system and the Ministry of Health continues to progress these alongside my refocus.

Background to the Maternity Action Plan 2019-2023

9 A wide body of evidence tells us the first thousand days from conception are particularly crucial for the health, development and wellbeing of a child. Healthy Pregnancy is an action in the Government Programme of Action that supports the Child and Youth Wellbeing Strategy.

10 The Maternity Action Plan was developed in 2018 as a five-year plan to sustain and improve maternity services in New Zealand. The Maternity Action Plan sets priorities and actions for overall maternity system improvement under five workstreams: commissioning; quality, safety and equity; workforce; whānau and service integration.

11 The Cabinet Social Wellbeing Committee last received the Maternity Action Plan on 29 April 2020 and requested revision and resubmission following the release of the Health and Disability System Review report and recommendations [SWC-20-SUB-0020].

12 Due to the impacts of COVID-19 and the General Election cycle there was not an opportunity to submit the revised paper to the Cabinet Social Wellbeing Committee in 2020.

Current State

Maternity System Challenges

13 The maternity system delivers inequitable outcomes across multiple measures for Māori, Pacific, Indian families, mothers under the age of 20 years old, and those living in areas of high deprivation.

14 Inequitable maternity services compound existing inequities in underlying health status. Table 1 gives examples of the current inequity in health status and maternity outcomes for women and babies.

Table 1 – Maternal and infant health outcomes by ethnicity.

	Māori	Pacific	Asian	Other
Obesity in early pregnancy	41%	63%	10%	22%
Tobacco use in early pregnancy	33%	10%	0.6%	7.3%
Living in material deprivation in pregnancy (NZ Dep Quintile 5)	47%	57%	24%	14%
Teen births	8.5%	5.0%	0.3%	1.4%
Maternal mortality 2006-2018 aggregated (per 100,000 births)	23.48	22.23	Indian: 14.74 Other Asian: 11.18	11.33
Maternal Suicide 2006-2018 aggregated (per 100,000 births)	8.6	n/a	n/a	2.6
Preterm births	9.0%	7.3%	7.6%	6.8%
Perinatal-related deaths in 2018 (per 1000 births)	11.14	11.99	Indian: 10.91 Other Asian: 7.53	9.96

Sources: National Maternity Collection, snapshot as at May 2021 for women giving birth in 2020, 14th Annual Report of the Perinatal and Maternal Mortality Review Committee, 2021.

15 COVID-19 has highlighted our over-reliance on international recruitment of the health workforce, particularly midwives. With the pipeline now substantially reduced there is a significant vacancy rate across New Zealand for employed (district heath board) midwives and a shortage of Lead Maternity Carer (community) midwives. Workforce shortages are undermining New Zealand's highly regarded model of community-based, continuity of primary maternity care and lack of access is inequitably distributed.

16 Maternity care in New Zealand is described as free to eligible women but there are surcharges applied within the system, including maternity ultrasounds, pharmaceuticals and primary care visits when non-pregnancy related. These surcharges vary but are acknowledged as an access barrier.

Table 2: Access to maternity and primary care services by ethnicity and NZ Deprivation Index.

	Māori	Pacific	Dep 5	Other
First trimester access to primary maternity care	60%	45%	58%	73%
Did not visit a nurse or GP because of cost (female aged 15-24)	45%	36%	n/a	39%
Did not visit a nurse or GP because of cost (female aged 25-44)	40%	33%	n/a	35%
Did not pick up a prescription because of cost (female aged 15-24)	27%	26%	n/a	19%
Did not pick up a prescription because of cost (female aged 25-44)	23%	25%	n/a	18%
Received zero community maternity ultrasounds	4.5%	3.4%	3.5%	3.1%

Sources: National Maternity Collection, snapshot as at May 2021 for women giving birth in 2020, New Zealand Health Survey, May 2021.

Current Maternity Action Plan initiatives

17 Components of the current Maternity Action Plan still represent critical activities needed to stabilise the maternity system and address recommendations of the Perinatal and Maternal Mortality Review Committee (PMMRC). The Ministry of Health will continue to progress these activities alongside the refocus.

18 Budget 2020 allocated $35 million over four years to implement the Maternity Action Plan. So far, around $22 million has been committed to continue or expand existing initiatives ($12 million) and to stabilise the midwifery workforce ($10 million). Current Maternity Action Plan initiatives by year, cost, anticipated outcomes are detailed in Appendix One. PMMRC recommendations are detailed in Appendix Two.

19 Projects in progress include:

19.1 $8.8 million for expanded Maternity Quality and Safety Programmes in every district health board to improve maternal and infant health outcomes

19.2 $6 million for Te Ara ō Hine (which is a national programme hosted by Auckland University of Technology) in conjunction with the other four Schools of Midwifery. This programme provides financial and pastoral support to Māori and Pacific undergraduate midwifery students to ensure the future workforce better represents the birthing demographic population

19.3 $2.18 million for ICT system changes to support nationally consistent clinical information and implement the new Primary Maternity Services Notice

19.4 $0.467 million to review and update existing national clinical guidance to ensure the sector has up to date, multidisciplinary information to guide best practice in areas of emerging evidence

19.5 $0.050 million to refresh Ministry of Health Pregnancy and Parenting online resources with a focus on equity

20 Projects to commence in the 2021/22 financial year:

20.1 $3.8 million for district health boards to employ midwifery clinical coaches to provide both clinical and pastoral support for particularly new graduate midwives, Return to Practice midwives, new international midwives or other midwives with an identified need.

20.2 $0.256 million for the Midwifery Return to Practice programme to assist registered midwives to return to practice, helping to stabilising the midwifery pipeline

20.3 $0.300 million to implement the recommendations of the Maternity Ultrasound Advisory Group to improve access and increase quality of community maternity ultrasound services

20.4 $0.300 million to undertake the national triennial maternity consumer survey including a national survey of bereaved parents

21 Allocation of the remaining $9.3 million of Budget 2020 funding will be determined through the refocus, in partnership with Māori and maternity sector stakeholders.

22 This will also be an opportunity to consider PMMRC recommendations that have not yet been actioned. Specifically:

22.1 Development of a national perinatal bereavement pathway for parents to ensure high-quality, appropriate and equitable care for all

22.2 Initiatives to better support perinatal and infant mental health including increased respite and specialist inpatient care for women and babies

22.3 Initiatives to improve maternal mental health among wāhine Māori

22.4 Improving the quality and availability of perinatal pathology services

23 A further recommendation of the PMMRC, which I announced in June 2021 is mandatory folate fortification of non-organic wheat flour. A status report for all PMMRC recommendations is provided in Appendix Two.

24 I will also direct priority to initiatives that support sector readiness for health and disability system reform, although these may not be resourced from the Budget 2020 Maternity Action Plan funding.

Wider Sector and health context

25 The Health and Disability System Review, Wai 2575 Health Services and Outcomes Kaupapa Inquiry, Pacific Aotearoa Lalanga Fou – A shared vision for Pacific Peoples in Aotearoa (Lalanga Fou), Ola Manuia and Whakamaua have driven significant shifts in both the sector and Ministry landscape over the last 12 months. COVID-19 has also compounded maternity workforce recruitment and retention issues by reducing international supply and placing increased demands on our existing workforces.

26 The Health and Disability System Review tells us that the health and disability system must provide integrated, whānau-centric, equity-focused maternity and Well Child Tamariki Ora services, and that the planning and funding of these services must be driven by communities.

27 Wai 2575 and feedback from Māori health providers tells us that our commissioning and delivery of maternity services does not reflect the Crown's Te Tiriti o Waitangi commitments or te ao Māori perspectives. Maternity services do not achieve equitable outcomes for whānau Māori. Māori women are three times more likely to die by suicide during pregnancy or following childbirth than New Zealand European women. Perinatal deaths due to spontaneous preterm birth, maternal conditions and antepartum haemorrhage are statistically significantly higher among Māori and Pacific and Indian babies, compared with all others.

28 Whakamaua sets the Government's direction for Māori health advancement over five years and emphasises the significance of Te Tiriti as the foundation to drive systemic change. Whakamaua signals a strong commitment from the Crown and Ministry to achieving health equity for Māori. The Maternity Action Plan, in its current form, does not fully reflect this direction and commitment.

29 Lalanga Fou calls on the Government for improved and integrated health services that are culturally appropriate and include Pacific peoples and their experiences in the design and delivery of health services. The Maternity Action Plan does not fully reflect this direction and commitment.

30 The findings from the review of Well Child Tamariki Ora identified similar issues related to persistent inequities for Māori, Pacific peoples, disabled children, those in State care and whānau living in high deprivation areas, as well as a failure to fulfil Te Tiriti obligations. The Well Child Tamariki Ora review also found that there is a need for holistic assessments, improvement referral modules and integration with education, financial and social support systems, including informal supports. Similarly, these needs have been highlighted as lacking in the Maternity Action Plan, which was developed prior to the Well Child Tamariki Ora review.

31 An integrated health service approach for early years is the key to ensuring improved outcomes and equity of health outcomes for pēpi, tamariki, wāhine and whānau.

A better future

Working differently

32 In order to address persistent inequities, the health system must work in partnership with Māori, Pacific peoples, Indian women, women under 20 years of age, women living in high deprivation areas and women with disabilities from the earliest stage.

33 We must embrace kaupapa Māori approaches to designing and commissioning services for whānau Māori and engage in different approaches to designing and commissioning services for other disadvantaged groups.

34 We must design maternity and Well Child Tamariki Ora services are that are seamless for whānau during transitions between these services, and we must grow a diverse and stable workforce to deliver these service changes.

35 We must foster agility and be prepared to reorient our services to function effectively through and beyond the health and disability system reforms.

36 We need a coordinated plan in partnership with Māori, Pacific peoples and other disadvantaged populations across maternity and Well Child Tamariki Ora services.

Refocusing the Maternity Action Plan

37 The Maternity Action Plan 2019-2023 in its current form does not meet these needs. Therefore, I am seeking Cabinet's endorsement to refocus the Maternity Action Plan.

38 My new Maternity Action Plan will have a Te Tiriti based partnership foundation supported by Whakamaua and informed by Lalanga Fou and Ola Manuia. It will drive changes that achieve equitable health outcomes for whānau Māori, in a way that enables Māori to live, thrive and flourish as Māori; and for Pacific peoples and those populations currently disadvantaged within the maternity system to thrive in Aotearoa New Zealand.

39 My new Maternity Action Plan will drive changes that deliver integrated, whānau-centric, equity-focused maternity and Well Child Tamariki Ora services as a coordinated early years' approach to provide a seamless early years' experience for all women, tamariki, pēpi and whānau.

40 My new Maternity Action Plan will expand beyond the current focus on stabilisation and will prepare the maternity sector for the transformation ahead.

s 9(2)(f)(iv) [redacted]

42 Specific details of future initiatives and funding allocation will be determined through the refocus process, in partnership with stakeholders. I have directed priority to initiatives that will improve outcomes for disadvantaged populations, initiatives that have a strong public health focus and initiatives that will better position the maternity sector for future transformative changes through the health and disability system reforms.

43 I seek your endorsement and intend to announce the refocus of the Maternity Action Plan at an upcoming stakeholder event.

Proposed Changes to the 2021 Accident Compensation (Work-Related Injury and Other Matters) Amendment Bill

44 Minister Sepuloni is seeking agreement to amend the Accident Compensation Act 2001 (the AC Act) to extend cover to some obstetric maternal birth injuries.

45 Childbirth injuries share similar features to other physical injuries covered as accidents under the AC Act. However, under current settings cover is only available where an injury is caused by medical treatment provided to the birthing parent.

46 This will result in an additional 17,000 – 18,000 more women receiving cover for maternal birth injuries per year. It will also improve the support available to birthing parents suffering childbirth injuries, including more timely access to surgeries and to pelvic physiotherapy.

47 Funding from ACC to health providers will enable the delivery of this work.

Next steps

48 Refocusing the Maternity Action Plan begins with relationship building. Alongside maternity sector engagement, the Ministry of Health will engage with iwi stakeholders to support the development of a Te Tiriti Framework for the Maternity Action Plan, aligned with Whakamaua and Ola Manuia.

Milestone/Activity	**Timeframe**
Sector communications to key stakeholders regarding refocusing the Maternity Action Plan	From August 2021
Engagement of key stakeholders, with support from Te Arawhiti public sector capability team to guide our Te Tiriti approach	From August 2021
Environmental scan of existing projects and service models that support equity early years' approach	From September 2021
Development of re-focused Maternity Action Plan	From October 2021

Milestone/Activity	Timeframe
First six-monthly progress monitoring report provided to Associate Minister responsible for maternity services	May 2022

Financial Implications

49 There are no financial implications arising from this paper. Existing approved funding will be used to deliver the refocused Maternity Action Plan.

Legislative Implications

50 There are no legislative implications from the proposal.

Impact Analysis

Regulatory Impact Statement

51 There are no regulatory proposals in this paper, and therefore Cabinet's impact analysis requirements do not apply.

Climate Implications of Policy Assessment

52 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this proposal as there is no direct emissions impact.

Population Implications

53 The following populations implications have been identified:

Population group	How the proposal may affect this group
Māori	Māori women are significantly less likely to receive timely pregnancy care. Perinatal deaths due to spontaneous preterm birth, maternal conditions and antepartum haemorrhage are statistically significantly higher among Māori babies compared with Pākehā babies. Māori women are three times more likely to die by suicide during pregnancy or following childbirth than Pākehā women. Improving the way services are commissioned and provided for Māori whānau alongside supporting increased recruitment and retention of Māori health practitioners is expected to support improved health outcomes.
Pacific	Pacific women are significantly less likely to receive timely pregnancy care. Perinatal deaths due to spontaneous preterm

Population group	How the proposal may affect this group
	birth, maternal conditions and antepartum haemorrhage are statistically significantly higher among Pacific babies compared with Pākehā babies. Improving the way services are commissioned and provided for Pacific peoples, alongside supporting increased recruitment and retention of Pacific health practitioners is expected to support improved health outcomes.
Indian	Perinatal deaths due to spontaneous preterm birth, maternal conditions and antepartum haemorrhage are statistically significantly higher among Indian babies compared with Pākehā babies. Improving the way services are commissioned and provided for Indian people is expected to support improved health outcomes.
Women under 20 years of age	Stillbirth rates and neonatal deaths are highest for mothers aged under 20 years of age. Improving the way services are commissioned and provided for women under 20 years of age is expected to support improved health outcomes.
Socioeconomic disadvantaged women	Stillbirth rates and neonatal deaths are significantly higher for mothers living in NZ Deprivation Index quintile 5 (most deprived areas). Improving the way services are commissioned and provided for socioeconomic disadvantaged women is expected to support improved health outcomes.
Women	The vast majority of people experiencing pregnancy and birth identify as women, and the vast majority of midwives identify as women. Half of babies born are female at birth. Supporting improvements to services provided by women to women is expected to support women's health for the current and the next generation of women and contribute to further consideration of gender pay equity issues in the maternity sector.
Disabled	Women with disabilities experience lower satisfaction with maternity services than any other group. Engaging the disabled community to understand their experience and identify their priorities for improvement is the first step to making maternity services inclusive and supportive to all.

Human Rights

54 The proposals in this paper are not inconsistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Consultation

55 The following agencies were consulted on this paper: The Treasury, the Ministry for Women, Te Puni Kōkiri, the Ministry for Pacific Peoples and the Department of the Prime Minister and Cabinet.

Communications

56 The Ministry has prepared a communications statement to be issued to sector stakeholders.

Proactive Release

57 This Cabinet paper will be publicly released once it has been considered by Cabinet. The release is subject to redactions as appropriate under the Official Information Act 1982.

Recommendations

The Associate Minister of Health recommends that the Committee:

1 note that in April 2020, Cabinet directed the Ministry of Health to redevelop the Maternity Action Plan to reflect the recommendations of the Health and Disability System Review [SWC-20-SUB-0020]

2 note that the Health and Disability System Review, Wai 2575, Whakamaua – Māori Health Action Plan 2020-2025 and Ola Manuia – Pacific Health and Wellbeing Action Plan 2020-2025 have driven significant shifts in both the sector and the Ministry's landscape in the last 12 months

3 endorse refocusing the Maternity Action Plan using a Te Tiriti based approach alongside the transformation of Well Child Tamariki Ora, in recognition of and to provide a renewed equity focus on the first thousand days of a child's life

4 note that the proposed areas of work in Maternity Action Plan framework include:

4.1 improved maternal and infant outcomes for Māori, Pacific, Indian families, mothers under the age of 20 years old, and those living in areas of high deprivation

4.2 increased cultural safety of maternity care

4.3 stabilisation and growth of the midwifery workforce

4.4 improved consumers' experiences of maternity services

4.5 increased sector readiness for transformative change to the maternity and wider health system under the Health and Disability System Reforms.

Authorised for lodgement

Hon Dr Ayesha Verrall

Associate Minister of Health

Appendix One: Revised Maternity Action Plan Initiatives

Maternity Action Plan Initiatives Commenced	Timeframe	Anticipated Outcome
Expansion of Maternity Quality and Safety Programmes	2020-2024	Improvement of quality care and consumer satisfaction Reduction of maternal and infant adverse events, particularly with Māori, Pacific and Indian women Robust learning and feedback from adverse events Support for maternity sector professionals to enable provision of safe and quality maternity care for all women and babies
Te Ara ō Hine	April 2020-2024	Reduced attrition of Pacific and Māori undergraduate students Increased Māori and Pacific midwifery workforce providing culturally-safe midwifery care Improved outcomes for Māori and Pacific women and whānau
Midwifery Clinical Coaches	2021-2024	Improved safety culture within maternity units in DHBs Greater workforce retention Reduction in maternal and neonatal adverse events Improved maternal and infant outcomes for Māori, Pacific and Indian women and babies
Supporting Midwifery Return to Practice programme	2021-2024	Flexibility of workforce to support peak times of birthing populations by removing financial barriers Improved maternal and infant outcomes Reduced attrition in better supported midwifery workforce
Support for the Notice 2021 Project (Primary Maternity Services Notice) Health Information Standards	2021-2023	Enables implementation of new Notice and enables allocation of Budget 2020 funding of care for women with complex needs and care provided to women in rural locations Standardisation of maternity data allows clinicians real time access to women's

Organisation Maternity Care Summary Standard Support for implementation of perinatal spine		pregnancy details wherever they present in New Zealand, ensuring the provision of clinically appropriate care
Refresh of Ministry of Health Pregnancy and Parenting Information webpage with equity focus	2020-2021	Provision of culturally appropriate consumer-facing information for Māori and Pacific populations Increasing access to culturally appropriate parenting information
Review and refresh of Maternity Clinical Guidance	2020-2022	Improve provision of equity and evidence-based care leading to improved maternal and infant outcomes for Māori, Pacific and Indian women and babies
Future Maternity Action Plan Initiatives	**Timeframe**	**Anticipated Outcome**
Implementing recommendations of the Maternity Ultrasound Advisory Group	2021-2023	Improve provision of equitable and evidence-based community ultrasound services leading to improved maternal and infant outcomes for Māori, Pacific and Indian women and babies
Undertaking triennial consumer survey (including bereaved parents)	2021-2022	To inform future planning/ system change for service integration models To inform development of bereaved parents' pathway
Breastfeeding promotion and support initiatives	2021-2022	Better consumer-facing information and support for breastfeeding Improvement in breastfeeding rates and increased equity across populations in breastfeeding uptake and duration
Development of bereavement pathway for parents	2021-2022	Bereaved parents are supported and have access to consistent and appropriate support services
Maternal mental health initiatives	2021-2023	Improve provision of equity and evidence-based care for women and whānau with mental health needs leading to improved maternal and infant outcomes for Māori, Pacific and Indian women and babies

Budget 2020 Maternity Action Plan Anticipated Expenditure

Project	2020-21	2021-22	2022-23	2023-24	Total
Expansion of Maternity Quality and Safety Programmes	$2,200,000	$2,200,000	$2,200,000	$2,200,000	$8,800,000
Te Ara ō Hine	$750,000	$1,500,000	$1,500,000	$1,500,000	$5,250,000
Midwifery Clinical Coaches	$0	$2,000,000	$1,200,000	$600,000	$3,800,000
Midwifery Return to Practice Programme	$0	$64,000	$96,000	$96,000	$256,000
Notice 2021 Project (Primary Maternity Services Notice) and HISO standard implementation	$190,000	$2,000,000	$0	$0	$2,190,000
Progressing recommendations of the Maternity Ultrasound Advisory Group	$0	$100,000	$100,000	$100,000	$300,000
Refresh of Ministry Pregnancy and Parenting Information	$50,000	$0	$0	$0	$50,000
Review and refresh of Maternity Clinical Guidance	$287,000	$180,000	$0	$0	$467,000
Triennial consumer survey	$0	$300,000	$0	$0	$300,000
Total allocated to date	**$4,273,000**	**$8,344,000**	**$5,096,000**	**$4,496,000**	**$21,413,000**
Remaining funding	**$0**[2]	**$1,406,000**	**$3,654,000**	**$4,254,000**	**$9,314,000**

[2] $1.0 million in 2020/21 will be carried forward to 2021/22 for the Primary Maternity Services Notice 2021 Project and HISO standard implementation. $4.237 million from 2020/21 forms part of the $19.2 million Appendix two Vote Health – Return of Forecast Underspend as part of Budget 2021.

Appendix Two

PMMRC Recommendations with the Ministry of Health response

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
Antenatal care/screening The Ministry of Health should ensure all women should commence maternity care before 10 weeks, for the following reasons: • opportunity to offer screening for congenital abnormalities, sexually transmitted infections, family violence, and maternal mental health: and to refer as appropriate • education around nutrition (including appropriate weight gain), smoking, alcohol and drug use, and other at-risk behaviours • recognition of underlying medical conditions with referral for secondary care as appropriate • identification of vulnerable women at increased risk of perinatal related mortality. (Fifth Annual Report, 2011)	In progress – high priority	The Ministry continues to support this recommendation through the Maternity Quality and Safety Programme (MQSP). Budget 2020 boosted funding from $2.8 to $5 million per annum across all DHBs to expand and strengthen local improvement initiatives. The Ministry is reviewing the Primary Maternity Services Notice with the intention to increase the support and funding available in the first trimester of pregnancy. This will be implemented in late 2021. The Ministry through the Maternity Action Plan (MAP), Whakamaua and Health and Disability System Review transition planning, will explore options of kaupapa Maōri initiatives to ensure maternity services are culturally appropriate, allowing a safe place to engage with wāhine Māori and whānau.
Folic Acid Fortification The Government/Ministry for Primary Industries should ensure that folic acid fortification of bread be mandatory to reduce both mortality and serious morbidity from neural tube defects (Thirteenth Annual Report, 2013)	Completed	The Ministry has consistently supported the Ministry for Primary Industries on mandatory fortification of non- organic wheat flour. Mandatory folate fortification of non-organic wheat flour was announced by Hon Dr Verrall in June 2021.

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
Guidelines The Ministry of Health should review epilepsy in the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines). (Ninth Annual Report, 2015)	In progress	The Ministry is currently working with an external provider to review the suite of national maternity clinical guidelines. This includes the review of the referral guidelines with this recommendation being taken under consideration.
Data collection The Ministry of Health should continue to support and fund district health boards (DHBs) and lead maternity carers (LMCs) in their collection of complete perinatal mortality statistics*. (Third Annual Report, 2009)*	In progress	The Ministry has recently developed and released HISO10050.2:2020 Maternity Care Summary Standard, applicable to all health data collection, which will support high quality data collection.
Data matching The Ministry of Health should update the National Maternity Collection (MAT), including the ethnicity data as identified by the parents in the birth registration process *(Eleventh Annual Report, 2017 and Ninth Annual Report, 2015)*	Not accepted	The Ministry continues to work to implement HISO 10001:2007 Ethnicity Data Protocols in collection of maternity and other nationally collected health data. There is no plan to integrate ethnicity data from Department of Internal Affairs into the National Maternity Collection however access to these linked collections is available (de-identified) in the Integrated Data Infrastructure (IDI) for research purposes.
Access to data The Ministry of Health should make data from the national Maternity Collection (MAT), linked to birth registration ethnicity data, available for use by the mortality review committees. Access to these data would allow PMMRC to report the independent associations between ethnicity, maternal age, socioeconomic status and perinatal related death, adjusting for smoking and	Not yet started	The Ministry will engage the Health Quality & Safety Commission to undertake an exploration of Mortality Review Committee data matching to National Collections and Birth Registrations data.

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
maternal body mass index *(Seventh Annual Report, 2013).*		
Data collection by DHBs The Ministry of Health should: • urgently require DHBs to provide complete and accurate registration data to the MAT dataset (as required of LMCs providing services to pregnant women in order to receive funding for those services). Specifically, this should include women who present for birthing at DHB facilities without previous antenatal LMC registration and women who are provided primary maternity care by DHB maternity services • require that the MAT dataset include complete registration and antenatal data on live and stillborn babies from 20 weeks gestation (including terminations for pregnancy). (Eleventh Annual Report, 2011)	In progress – high priority	The Ministry has recently developed and released HISO10050.2:2020 Maternity Care Summary Standard, applicable to all health data collection, which will support high quality data collection. Initiatives as part of the Maternity IT Strategy will support more complete reporting by DHBs and primary maternity providers.
Women aged less than 20 years The Ministry of Health and DHBs should: • develop, in consultation with young mothers, acceptable and safe methods for mothers under 20 years of age to access and engage with care in order to achieve equitable health outcomes • identify and adequately resource evidence-based solutions to address risks for mothers under 20	In progress – high priority	The Ministry continues to support this recommendation through the Maternity Quality and Safety Programme (MQSP). Budget 2020 boosted funding from $2.8 to $5 million per annum across all DHBs to expand and strengthen local improvement initiatives. The Ministry is reviewing the Primary Maternity Services Notice with the intention to increase the support and

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
years of age, paying attention to smoking cessation, screening and treatment for infections, screening for fetal growth restriction, and providing adequate information about the causes and symptoms of preterm labour • consider how they can support LMCs caring for mothers aged under 20 years. (Twelfth Annual Report, 2018)		funding available to care for women and whānau with additional needs This will be implemented in 2021. The Ministry through the MAP and Health and Disability System Review will explore alternative models to meet additional need. Budget 2020 provided $15 million per annum for implementation of HDSR recommendations and the Ministry is working with the Transition Unit to develop alternative models to address equity gaps
Preterm birth The Ministry of Health should establish a multidisciplinary working group to review current evidence for implementation of a preterm birth prevention program such as that implemented in Western Australia, taking care to: • identify and adequately resource evidence-based solutions • ensure equitable access to screening and/or treatment for priority populations • ensure that priority populations have a voice in the development of health policy, process and practice in order to achieve equitable health outcomes ensure that the outcomes of any implemented program, including equity of access are evaluated. (Twelfth Annual Report, 2018)	Not yet started	The Ministry will discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this activity within their existing work programme.

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
Preterm birth prior to 25 weeks gestation The Ministry of Health should lead the development of a national consensus pathway for the care of women in preterm labour or requiring delivery prior to 25 weeks gestation. The PMMRC recommends this pathway includes: • ensuring that all groups of women (irrespective of ethnicity, age, socioeconomic status or place of residence) are offered and provided the same level of care • strategies for secondary units for management of women in threatened or early preterm labour, or who require delivery, prior to 25 weeks gestation. Including: • administration of corticosteroids and magnesium sulphate • timely transfer from primary and secondary units to tertiary units • management of babies inadvertently born in their units at the lower limits of viability • ensuring that priority populations have a voice in the development of health policy, process and practice in order to achieve equitable health outcomes	Not yet started	The Ministry is currently working with an external provider to review the suite of national maternity clinical guidelines. This includes the review of the referral guidelines with this recommendation being taken under consideration where applicable. The Ministry will also discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this project within our national guidelines development programme.

RECOMMENDATION	STATUS	MINISTRY OF HEALTH RESPONSE
• guidance on monitoring that care provision is equitable by ethnicity, age, socioeconomic status and place of residence. *(Twelfth Annual Report, 2018)*		
Poverty The Ministry of Health should recognise the independent impact of socioeconomic deprivation on perinatal death, specifically on preterm birth, which after congenital abnormality is the leading cause of perinatal death. Addressing the impact of poverty requires wider societal commitment as has been highlighted in the recent health select committee report on improving child health outcomes. The PMMRC supports the implementation of the recommendations. The report can be found at https://www.parliament.nz/en/pb/sc/reports/document/50DBSCH_SCR6007_1/inquiry-into-improving-child-health-outcomes-and-preventing *(Eight Annual Report, 2014)*	In progress – high priority	The Ministry recognises the independent impact of socioeconomic deprivation on perinatal death and is working through the Maternity Action Plan, Health and Disability System Review and Child Wellbeing Strategy to respond to the impacts of poverty within our remit as maternity service funders and providers.
Safe Staffing The Ministry of Health and DHBs should ensure that midwifery staffing ratios and staffing acuity tools: • enable active observation of mothers and babies who are undertaking skin-to-skin contact in the postnatal inpatient period • allow for the identification of, and additional needs of, mothers who have increased risk	In progress nearing completion	The Ministry supports this recommendation through the Midwifery Accord partnership. DHBs are currently finalising their care capacity demand management (CCDM) calculations for maternity wards. Full implementation of CCDM has been committed to by all DHBs by June 2021 which will have an impact on the numbers of midwives employed.

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factors for sudden unexpected death in infancy (SUDI). *(Twelfth Annual Report, 2018)*		
Neonatal encephalopathy The Ministry of Health should develop a guideline for the investigation and management of neonatal encephalopathy *(Eighth Annual Report, 2014)*	Not yet started	ACC hosts the Neonatal Encephalopathy (NE) Taskforce, of which the Ministry is a part of. The Ministry will take this recommendation to the NE taskforce for discussion. The Ministry is currently working with an external provider to review the suite of national maternity clinical guidelines. This includes the review of the referral guidelines with this recommendation being taken under consideration where applicable. The Ministry will also discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this project within our national guidelines development programme.
Maternal mental health The Ministry of Health should fund a Maternal and Infant Mental Health Network and the network should then determine an achievable work stream by the end of 2018 detailing work to be completed by the end of 2020, to include as potential areas of priority: a. a stocktake of current mental health services available across New Zealand for pregnant and recently pregnant women to identify both the	In progress – high priority	The Mental Health and Addiction and the Health System Improvement and Innovation Directorates are coordinating a stocktake of available maternal mental health services across the continuum of care from primary and community services to specialist DHB services. Once complete, this will inform activities to address service coverage gaps. All DHBs are expected to have Maternal Mental Health pathways as part of their MQSPs. The National Maternity

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strengths of services and gaps or inequity in current services and skills in the workforce b. a national pathway for accessing maternal mental health services, including: • cultural appropriateness to ensure of service access and provision • appropriate screening • care for women with a history of mental illness • communication and coordination. *(Twelfth Annual Report, 2018)*		Monitoring Group reviews and provides advice to DHBs in this area annually. The Ministry will discuss the recommendation for a nationally consistent pathway with the Group.
Perinatal and Infant Mental Health The Ministry of Health should establish a Perinatal and Infant Mental Health Network to provide interdisciplinary and national forum to discuss perinatal mental health issues. *(Tenth Annual Report, 2016).* A comprehensive perinatal and infant mental health service should include: • screening and assessment • timely interventions including case management, transition planning and referrals • access to respite care and specialist inpatient care for women and babies • consultation and liaison services within the health system and with other agencies for example,	Not yet started	The Ministry will consider this recommendation following the stocktake of national and local services. The Ministry will also discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this project within the Maternity Action Plan and the Mental Health Directorate work programme.

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primary care and termination of pregnancy services. *(Sixth Annual Report, 2012)*		
Māori maternal mental health The Ministry of Health should improve awareness and responsiveness to the increased risk of maternal suicide for Māori women (Eleventh Annual Report, 2017)	In progress – high priority	The Ministry has partnered with the Health Research Council to invest $1.5 million into health research that will contribute evidence to help achieve equitable maternal and infant health outcomes, including investment in generating evidence and by providing knowledge translation grants to increase the use of existing evidence in maternity.
National Bereavement Pathway The Ministry of Health should resource, support and facilitate the development of a national perinatal bereavement pathway with key stakeholders, including governmental and non-governmental organisations, to ensure high-quality, appropriate and equitable care for all. *(Thirteenth Annual Report, 2019)*	Not yet started	The Ministry will also discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this project within our national guidelines development programme.
Perinatal Pathology The Ministry of Health should develop and improve the provision of perinatal pathology services with regards to accessibility, training and appropriateness and ensure quality and equitable services are available across the country. *(First Annual Report, 2007 and Second Annual Report, 2008)*	Not yet started	The Ministry will discuss this recommendation with the National Maternity Monitoring Group with regard to prioritisation of this project within our work programme development programme.