NZMA
New Zealand Medical Association

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By email: Laura_Ross@moh.govt.nz

Maternity Quality initiative 2015–2018

Dear Laura

Thank you for giving the New Zealand Medical Association (NZMA) the opportunity to provide feedback on the above consultation. The NZMA is the medical profession's leading pan-professional body, and includes over 5000 members from all disciplines within medicine as well as medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We welcome the Maternity Quality Initiative and the intention behind the initiative, namely, to implement the Government's priorities for equitable access, improved quality and safety, and better service integration for maternity services. The NZMA is strongly supportive of these objectives and we congratulate the Ministry for the work it is doing to expand this initiative.

We note that the Ministry is proposing refocussing the Maternity Quality Initiative to deliver the following four high level priorities: i) strengthening maternity services to ensure equity of access to a sustainable model of community based continuity of care, to strengthen multidisciplinary collaboration for good outcomes and to promote and protect normal birth; ii) better support for women and families that need it most, including better specialist support for women and families with additional needs and better health literacy and engagement of vulnerable population groups; iii) embedding maternity quality and safety to meet the national

Maternity Standards commitments and to ensure continued growth of local quality and safety activity; iv) improving integration of maternity and child health services to reduce access barriers and promote seamless care for women and their families during pregnancy and beyond.

These are all laudable high level priorities. The NZMA welcomes the document's emphasis on equity of access, and the expansion to include equity of outcomes. We also support the better targeting of services to where the need is greatest (ie, an approach that is consistent with proportionate universalism). We have long argued the need for improved integration of maternity and child health services, and welcome the emphasis the initiative gives to integration. However, beyond these high level priorities, it is our view that the document is somewhat underwhelming and fails to recognise several important aspects that are critical to improving maternity and early child heath services.

Firstly, the document fails to recognise, let alone articulate, the important role of the general practitioner (GP). There is only a single mention of the GP in the entire document – and this is in relation to having better access to clinical records. It is our view that GPs have a key role in co-ordinating the provision of primary care services during maternity/early childhood. Various critical interventions to improve maternal and early child health (eg, vaccination services) often depend on the role of the GP. We submit that a document that purports to prioritise the integration of maternity and child health services should give greater attention to the role of general practice.

It is our view that the document does not recognise the enormous erosion of team-based obstetric services that has occurred over the years, as a result of structural changes to the provision and funding of maternity care. Pregnant women no longer have the choice of an obstetric team but must choose between either a specialist obstetrician or a midwife. We consider this to be unsatisfactory and believe that the consultation does little to address this shortcoming. Although their numbers are considerably reduced, GP obstetricians remain a competent entity that could play a more substantive role in the provision of maternity services (while continuing to take lead responsibility for primary care services during pregnancy and early childhood).

We suggest that the document could better expand on pregnancy in adolescents and young adults, particularly in Māori and Pacific people. While these groups are identified as requiring better support, the document does little to articulate a coherent approach to these groups, despite the convergence of issues they face. We are aware of interactions where a pregnant teenager of 16 years is informed of her pregnancy, then discharged with a list of community maternity providers (ie, discharged with no follow-up). We suggest the document gives greater emphasis to pregnancy in adolescents and young adults, particularly in relation to ensuring adequate follow-up.

We note that the consultation identifies tobacco cessation services as a key activity under the provision of better support for women and families that need it most. We strongly support this activity. We recommend that the document also add the provision of advice/support for stopping alcohol during (or when considering) pregnancy, as well as advice about nutrition and exercise during this critical period. We also reiterate our support for mandatory folic acid fortification of bread in New Zealand, and suggest that the document refer to this important public health measure.

With respect to the question regarding potential measures for improved maternity services, we suggest the following: i) the rates of severe maternal morbidity and mortality; ii) the rates of severe infant morbidity and mortality; iii) equity in access to primary maternity services by ethnicity and deprivation. We also suggest the addition of 'whānau' where relevant in the document to reflect the importance of whānau in maternity and child health. It is also our preference to replace the term 'consumer' with 'women' when referring to women who are requiring maternity services. There also appears to be a typographical error in the last sentence of the first paragraph on page 1 ('The' should be 'This').

We hope that our feedback is helpful and would welcome the opportunity to engage further with the Ministry on this important initiative.

Yours sincerely

Dr Stephen Child
NZMA Chair