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# Maternity Services

## Tier 1 Service Specification

September 2024

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## 1. Status

**Approved to be used for mandatory nationwide description of services to be provided.**

**MANDATORY  RECOMMENDED**

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

## 2. Review History

Review History	Date
First Published on NSFL	October 2011
<b>New Service Specification:</b> developed jointly by the Ministry of Health with a working group of representatives from DHBs and professional bodies. Purpose to reflect the overall service requirements applicable to all DHB-funded maternity services and facilities. Developed to align with the New Zealand Maternity Standards and provide guidance to DHBs in implementing the Maternity Quality Initiative.	July 2011
<b>Amendments:</b> updated Ministry of Health website link to Eligibility information replaced DHB Funded Primary Maternity Facility purchase units with W02020, ADJ118.	August 2013
<b>Amendment:</b> Updated references to new T2 Pregnancy Parenting Information and Education Services service specification.	May 2014
Content moved to updated Health New Zealand format	September 2024
Consideration for next service specification review	Within the next 5 Years

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

### 3. Introduction

This tier one service specification provides the overarching service specification for all Maternity Services funded by District Health Boards (DHBs).

The range of tier two maternity service specifications listed below provide service specific details and must be used in conjunction with this tier one maternity services specification:

- DHB-funded secondary and tertiary maternity services and facilities
- DHB-funded primary maternity services
- DHB-funded primary maternity facilities
- Pregnancy and parenting information and education services.

Maternity care provides women and their babies with continuity of care throughout pregnancy, including during the antenatal, labour and birth, and the postnatal period, until six weeks after the birth. Maternity services are linked to but do not include neonatal services.

The Service will ensure that care provided is coordinated with the continuity of care provided by Lead Maternity Carers (LMCs) under the Primary Maternity Services Notice 2007, pursuant to section 88 of the New Zealand Public Health and Disability Act 2000 (the Primary Maternity Services Notice).

### 4. Service Definition

Maternity Services funded by DHBs include primary, secondary and tertiary maternity care for pregnant women and their babies until six weeks after the birth (The Service). The Service supports continuity of care, and is delivered in community, outpatient and inpatient settings.

The following are definitions of key terms used in this suite of service specifications:

**Birth** means a delivery of a baby (or babies for a multiple birth) after a minimum of 20 weeks 0 days gestation and/or with a birth weight over 400 grams. In the context of this agreement, the birth period includes the 2 hour period following delivery of the placenta.

**Lead Maternity Carer (LMC)** means a provider of primary maternity services who is a General Practitioner with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners), a Midwife or an Obstetrician who has been selected by the woman to provide her Primary Maternity Care. It includes practitioners funded under the Primary Maternity Services Notice and practitioners funded by DHBs to provide an LMC model of primary maternity care.

**Continuity of care** means that a registered health practitioner takes responsibility for co-ordinating and primarily providing the provision of maternity care, and clearly documenting planned care. The registered health practitioner may have a designated back-up practitioner.

**Maternity referral guidelines** means the Guidelines for Consultation with Obstetric and Related Specialist Medical Services that identify clinical reasons for consultation with a specialist and that are published by the Ministry of Health from time to time.

## 5. Service objectives

### 5.1 General

The Service will provide each woman, her partner and her whānau or family every opportunity to have a fulfilling outcome to the woman's pregnancy, labour and birth, and postnatal care by facilitating the provision of services that:

- a. are safe, and appropriate to the woman's and baby's needs
- b. meet the unique needs of individuals from particular communities or groups
- c. are consistent with standards, evidence-informed guidelines, and best practice
- d. support and ensure continuity of care that is based on partnership, information, choice and informed consent
- e. provide co-ordination of care in an integrated and seamless continuum of care, including the provision of appropriate additional care for women and babies who need it
- f. have effective collegial working relationships between DHB-employed practitioners, practitioners funded under the Primary Maternity Service Notice (or subsequent funding arrangements), and other registered health practitioners
- g. promote and support the provision of collaborative and integrated models of care between DHB-employed practitioners and practitioners funded under the Primary Maternity Service Notice (or subsequent funding arrangements), and other registered health practitioners.

### 5.2 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to:

- a. matters such as referrals and discharge planning
- b. ensuring that the services are culturally competent and
- c. ensuring that services are provided that meet the health needs of Māori.

It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

## 6. Service Users

Publicly funded maternity services are to be provided to all Eligible<sup>1</sup> women and their newborn babies. Service Users are defined in each tier two maternity services service specification.

### 1.1. Costs

- 3.1.1 Not all women who are referred to or present to the Service are eligible for publicly funded maternity services. Those who are eligible will receive all DHB-funded maternity services free of charge. Women who are not eligible for DHB-funded maternity services will be able to access these services, though costs will be incurred by the woman.
- 3.1.2 DHB-funded Maternity Services cannot:
  - a. charge eligible women for maternity services, including primary-referred ultrasound services
  - b. claim under the Primary Maternity Services Notice for any maternity care provided.
- 3.1.3 The costs of emergency transfer from the community setting or a primary maternity facility to a secondary or tertiary maternity facility is met through the Ministry of Health's national contract for emergency ambulance services. This includes the provision of land, water, and air emergency ambulance services<sup>2</sup>.

## 7. Access

### 7.1 Entry Criteria

Referrals to the Service may be made from registered health practitioners or through self-referrals. Women and their babies will have access to publicly-funded maternity services from confirmation of pregnancy to six weeks post-partum.

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<sup>1</sup> refer to the Ministry of Health website for eligibility information /[www.nsfl.health.govt.nz/vt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services](http://www.nsfl.health.govt.nz/vt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services)

<sup>2</sup> The Emergency Ambulance Services may charge the consumer a co-payment for emergency ambulance transport from the community setting or primary maternity facility to a secondary and/or tertiary maternity facility.

## 8. Service Components

### 8.1 Settings

The Service may be provided in community, outpatient and inpatient settings.

- a. The community setting includes private residences, community clinics, and other community settings including marae.
- b. The outpatient setting includes primary, secondary and tertiary maternity facilities.
- c. The inpatient setting includes primary, secondary and tertiary maternity facilities.
- d. Facilities funded by the DHB must have and implement a comprehensive smokefree policy that prohibits smoking in the buildings, grounds and cars of the Facility.

### 8.2 Service and Facility Levels

Maternity services and facilities are provided at different complexity levels, and involve different mixes of registered health practitioners depending on clinical need. Levels of complexity for maternity services are defined in the New Zealand Role Delineation Model.

#### 8.2.1 Primary maternity services

- a. Primary Maternity Services are provided to women and their babies for an uncomplicated pregnancy, labour and birth, and postnatal period. Primary Maternity Services are based on Continuity of Care.
- b. The majority of Primary Maternity Services are provided by LMCs who hold an agreement under the Primary Maternity Services Notice.
- c. Primary Maternity Services are funded by DHBs for women and their babies in situations where:
  - i. a woman does not access an LMC funded under the Primary Maternity Services Notice, and/or
  - ii. a woman needs urgent assessment and care, and / or
  - iii. a woman has a General Practitioner or Obstetrician LMC under the Primary Maternity Services Notice, and the LMC has arranged to utilise DHB-funded midwifery services for labour and birth, and postnatal care.

#### 8.2.2 Primary maternity facilities

Primary Maternity Facilities provide inpatient services for labour and birth and the immediate postnatal period.

#### 8.2.3 Secondary maternity services and facilities providing secondary maternity care

- a. Secondary Maternity Services are those provided where women or their babies experience complications that need additional maternity care involving Obstetricians, Paediatricians, other Specialists and secondary care teams.

- b. Secondary Maternity Services are provided to women and babies, based on clinical need, until six weeks following Birth<sup>3</sup>.
- c. Secondary Maternity Services include routine and urgent specialist consultations, elective and emergency caesarean sections, vaginal and assisted deliveries, all treatment required in emergency situations, allied health services, and support from a lactation consultant for women and babies who experience breastfeeding complications.
- d. Secondary Maternity Services have, as a minimum, an Obstetrician rostered on-site during normal working hours and on-call after hours with access to support from Anaesthetic, Paediatric, Radiological, Laboratory and Neonatal Services. Clinicians involved in the provision of secondary maternity care are required to follow applicable clinical guidelines endorsed by the relevant professional college.

#### **8.2.4 Tertiary maternity services and facilities providing tertiary maternity care**

- a. Tertiary Maternity Services are additional maternity care provided to women and their babies who have highly complex clinical needs and require consultation with and / or transfer of care to a multidisciplinary specialist team.
- b. Tertiary Maternity Services include an Obstetric Specialist or Registrar immediately available for obstetrics on site 24 hours, an Anaesthetic Specialist or Registrar immediately available for the obstetrics unit on site 24 hours and access to on-call radiological and laboratory services.
- c. Tertiary Maternity Services are provided from sites that also have an on-site Neonatal Service of at least Level 5 as defined in the New Zealand Role Delineation Model.

#### **8.2.5 Inpatient postnatal care**

Inpatient postnatal care means the 48 hours of care a woman and baby receive in a Facility after Labour and Birth. This period of care follows post-birth recovery, which is usually 2 –12 hours after Birth or 48 hours after Caesarean section.

### **8.3 Key Inputs**

- a. Primary, secondary and tertiary maternity services must be provided by registered health practitioners who meet the relevant professional standards and hold a current practising certificate from the relevant regulatory authority under the Health Practitioner Competence Assurance Act 2003.
- b. You will supply appropriately qualified staffing in accordance with national staffing guidelines endorsed by the relevant professional organisations and DHBs.
- c. Pregnancy and parenting education services must be provided by suitably qualified persons as described in the tier two service specification for Pregnancy and Parenting Information and Education Services.
- d. All women receiving Primary, Secondary and Tertiary maternity services must be given timely access to interpreting services, including NZ sign language, if needed.

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<sup>3</sup> This does not apply to babies admitted under the care of neonatal and paediatric services.



## 9. Service Linkages

Maternity services are best delivered through an integrated and collaborative approach that focuses on the needs of the woman and her baby, their family or whānau. This approach should recognise and define the respective roles of both the hospital-based and community-based services. Providers are required to establish working arrangements and / or protocols that reflect the size and scope of each organisation and degree of co-operation required between them.

For the purpose of clarifying service boundaries, the Service is linked to, but does not include, the following:

- a. neonatal services
- b. air, road and water ambulance services
- c. specialist surgical and medical services
- d. personal care and home help services
- e. sexual health services
- f. primary health care services
- g. Well Child / Tamariki Ora Services
- h. mental health services including drug and alcohol services and maternal mental health services
- i. Māori support services
- j. antenatal and newborn screening services
- k. smoking cessation services
- l. family violence intervention services
- m. Child, Youth and Family Service

Specific service linkages are described in the respective tier two service specifications.

## 10. Exclusions

Exclusions from this service specification are listed below:

- Where Service Users are eligible for Services funded under the Accident Compensation Act 2001, they are excluded from receiving these services through public funding under Vote Health
- Maternity services do not include Gynaecology services that may be provided to a woman during the course of her pregnancy
- DHB-funded Primary Maternity Services and the provider arm of the DHB cannot:
  - a. make referrals to an Obstetrician, Paediatrician, Radiologist or other Specialist, where that practitioner will claim for that consultation under the Primary Maternity Services Notice
  - b. charge eligible women for primary maternity services, including ultrasound services
  - c. claim under the Primary Maternity Services Notice for any maternity care that is funded under this service specification.

## 11. Quality Requirements

### 11.1 General

The Service must:

- comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements
- comply with the New Zealand Maternity Standards.
- facilitate access to appropriate professional development, education and training for all registered health practitioners working in the maternity sector
- Provide to its employees, and to Lead Maternity Carers with access agreements, access to information and educational courses, forums, updates and/or refresher courses on: management of women with epidurals; management of women requiring induction and augmentation; management of women requiring instrumental vaginal deliveries; or interpretation of CTGs. The details will align with the Primary Maternity Services Notice.

### 11.2 Safety and Quality Improvement

#### 11.2.1 The Service must:

- adopt maternity clinical practice that is evidence-informed, and in accordance with any national clinical guidelines, protocols, or policies applicable and endorsed by professional colleges
- support the development and maintenance of an appropriately skilled maternity workforce for the population served
- have a continuous clinical quality improvement programme that includes:
  - clinical leadership across both the hospital and community-based maternity services, inclusive of practitioners across the midwifery, general practice, obstetrics and paediatric professions, and that reflects primary, secondary and tertiary maternity service provision
  - local maternity networks, so that practitioners working in maternity services across community and hospital settings are linked into a coordinated network
  - a range of mechanisms that facilitates consumer participation and feedback to the service provider, and that demonstrates that consumer feedback is acted on in an appropriate and timely way to improve service delivery
  - regular collection, reporting and review of high-quality data, including against national clinical indicators
  - ongoing clinical quality review and clinical audit of matters that impact on the quality, safety and effectiveness of maternity services, including matters that are of concern to practitioners and consumers using DHB facilities.

### 11.2.2 The Service will ensure:

- a. that each woman is provided with individualised care that reflects assessed needs, is coordinated by one registered health practitioner, and supports the woman's informed choice
- b. good working relationships between staff employed to work in DHB-funded Maternity Facilities and each LMC, so that women receive appropriately co-ordinated care
- c. that service and facility policy and protocols are developed in consultation with the professional colleges representing LMCs who have access agreements at the respective Facility, local representatives of LMCs, and consumers of maternity services. Iwi groups are consulted where appropriate.
- d. that all DHB-funded Maternity Facilities have obtained Baby Friendly Hospital Accreditation as assessed by the New Zealand Breastfeeding Authority, is maintaining accreditation, and has an agreed timeline for assessment by the New Zealand Breastfeeding Authority
- e. that all DHB-funded Maternity Facilities have implemented a safe infant sleeping policy that aligns with the recommendations of the Child and Youth Mortality Review Committee <sup>4</sup> and the New Zealand College of Midwives <sup>5</sup>. You will:
  - model safe sleeping practices in the Facility
  - ensure safe sleeping arrangements are in place for all babies at every sleep during their inpatient stay, and
  - ensure that families are fully informed of the safe infant sleeping recommendations when they are discharged home from the Facility
- f. that all DHB-funded Maternity Facilities have security systems that ensure women and babies are in a safe environment and have reasonable protection from unauthorised persons.

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<sup>4</sup> Published on the Health Quality and Safety Commission NZ website  
<http://www.cymrc.health.govt.nz/moh.nsf/indexcm/cymrc-resources-sudi>

<sup>5</sup> NZ College of Midwives website: <http://www.midwife.org.nz/index.cfm/1,108,html>.

## 12. Purchase Units

Purchase Units (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. Purchase Units are detailed in each of the tier two Maternity Services service specifications.

The following table is a summary list of the tier two Maternity Services Purchase Unit Codes.

Service Specification Titles	PU Codes
DHB-funded secondary and tertiary maternity services and facilities	W10001, W03002, W03003, W03005, W03006, W03007, W03008, W03009, W03010, W03011, W03012, W10PRE, W03020
DHB-funded primary maternity services	W01007, W01008, W01020
DHB-funded primary maternity facility	W02020, ADJ118
Pregnancy and parenting information and education	W0101010, W01011

## 13. Reporting Requirements

The Service must collect all data relevant to the Service provided in line with the data definitions for maternity services. This data must be readily accessible, at patient activity level, upon request by the DHB.

### 13.1 Reporting to the National Immunisation Register

You will provide the following information to the National Immunisation Register:

- a full and accurate record of birth details to enable valid NIR registration including the names of the Well Child provider and nominated General Practitioner
- the name and contact information of the newborn's primary caregiver
- information for the NIR of any vaccination given to the newborn
- information of a caregiver's decision to opt off recording immunisation details on the NIR register.

## 14. Glossary

Not required

## 15. Appendices

Not required