

Maternity Services

Primary Maternity Services

Tier 2 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
Published on NSFL	October 2011
New Service Specification: developed by the Ministry of Health with a working group of representatives from DHBs and professional bodies. Purpose is to reflect current requirements for provision of primary maternity services according to current operational and competency requirements. Aligned with the New Zealand Maternity Standards and provide guidance to DHBs in implementing the Maternity Quality Initiative.	July 2011
Amendments: removed W01009, W01010, W01011, W01012, W01013, W01014 from title box. Changed unit of measure for W01020 to Procedure from Relative Value Unit.	August 2012
Amendment: changed code from W01020 to W01021 to reflect unit of measure change to "Procedure".	March 2013
Amendment: minor amendments to alphabetised bullets in Appendix1 added 'iv) Not referred' to aj	January 2015
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	Within five 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 NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier two service specification applies to all District Health Board (DHB)-funded Primary Maternity Services. It must be used in conjunction with:

- the tier one Maternity Services – District-funded Service Specification.

This service specification also links with:

- other tier two service specifications for maternity services, including: District-funded primary maternity facilities, District-funded secondary and tertiary maternity services and facilities, and pregnancy and parenting education
- 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).

Refer to the tier one service specification headings for generic details on:

- Service Objectives
- Service Users
- Access
- General Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to all service delivery.

4. Service Definition

- 4.1.1. The Service includes primary maternity care provided by DHBs for women who are not accessing Lead Maternity Carer (LMC) services funded under the Primary Maternity Services Notice. DHB primary maternity services will be provided when LMC services are not feasible.¹
- 4.1.2. District-funded primary maternity services are provided for one of the following purposes:
 - a. LMC services from a DHB-employed LMC where the DHB is able to provide this service
 - b. Co-ordinated Primary Midwifery Care for women as the alternative where the DHB has used its best endeavours to provide an LMC service in the absence of an LMC funded under the Primary Maternity Services Notice and has been unable to do so
 - c. Midwifery services for labour and birth, and/or postnatal care for women who have a General Practitioner (GP) or Obstetrician LMC under the Primary Maternity Services Notice, and the LMC has arranged to utilise District-funded primary maternity services.

¹ As required by the Operational Policy Framework, DHBs shall be deemed the provider of last resort in all circumstances, for example, when a third party contractor fails to provide or deliver care.

5. Service objectives

The Service will ensure that women have access to primary maternity services when these are not provided under the Primary Maternity Services Notice.

For general objectives, see the tier one Maternity Services service specification.

6. Service Users

Funded primary maternity services are to be provided to:

- a. eligible women and their babies who are not able to access an LMC funded under the Primary Maternity Services Notice
- b. women who require urgent antenatal, intrapartum or postnatal care, and
- c. women who have a GP or Obstetrician LMC who has arranged to utilise District-funded primary maternity services for labour and birth, and/or postnatal care.

7. Access

7.1 Entry Criteria

7.1.1 You will accept:

- a. self-referrals, including those women who require urgent antenatal or postnatal care, and women who are not registered with an LMC funded under the Primary Maternity Services Notice and who arrive at the Facility in labour
- b. self-referrals and referrals from registered health practitioners where the woman requires access to a primary maternity service and is not able to access an LMC funded under the Primary Maternity Services Notice
- c. referrals from health care practitioners, including from a GP or Obstetrician LMC who has arranged to utilise District-funded primary maternity services for labour and birth, and/or postnatal care.

7.2 Exit Criteria

7.2.1 Exit from the Service occurs:

- a. on completion of the primary maternity service, or
- b. if the woman transfers to the care of an LMC funded under the Primary Maternity Services Notice, or
- c. if the woman moves out of the DHB area, or
- d. if there is a transfer of clinical responsibility (either planned or emergency) to Secondary or Tertiary Maternity Services.

8. Service Components

8.1 Settings

- 8.1.1. The Service may be provided in community, outpatient and inpatient settings.
- 8.1.2. The community setting includes private residences, community clinics, and other community settings including marae.
- 8.1.3. The outpatient and inpatient settings include primary, secondary and tertiary maternity facilities.

8.2 Time

8.2.1 You will provide primary maternity services:

- a. In cases where you provide District-funded LMC services, the LMC or a back-up LMC will be available 24 hours a day, 7 days a week to provide phone advice to the woman, as well as community or hospital-based assessment for urgent problems
- b. In cases where you provide Co-ordinated Primary Midwifery Care, advice from, and access to the woman's named midwife² or (individual or team) back up will be between normal business hours Monday to Friday (for antenatal services and 7 days per week for postnatal care), and in the Facility, from the DHB's hospital midwifery service 24 hours per day, 7 days per week
- c. In cases where you provide Hospital Midwifery Services for labour and birth and/or post natal care for women who have care in partnership with a GP or Obstetrician LMC, the GP or Obstetrician LMC will be responsible for arranging access to advice, 24 hours per day, 7 days a week.

8.3 Information

- 8.3.1. You must ensure that every woman who presents for primary maternity services is given the appropriate information about the primary maternity services that they are entitled to receive (including their options to access an LMC funded under the Primary Maternity Services Notice, and access to Primary Maternity Facilities).
- 8.3.2. In all cases woman are entitled to an explanation of the costs of all options for maternity care.

² The named midwife is a DHB-employed midwife who acts as the first point of contact for women receiving Co-ordinated Primary Midwifery Care and provides care when available.

8.4 District-funded Lead Maternity Carer Services

- 8.4.1. Requirements for the provision of District-funded Lead Maternity Carer (LMC) Services are consistent with the Primary Maternity Services Notice.
- 8.4.2. You will ensure that from the time of allocation³ of a woman, a District-funded LMC is responsible for co-ordinating all of the woman's primary maternity care in order to achieve continuity of care.
- a. Subject to subclause 8.4.1 (d), if a District-funded LMC is unavailable to provide lead maternity care because of rostered days off, holiday leave, sick leave, bereavement leave, continuing professional education requirements or other exceptional circumstances, a back-up District-funded LMC may provide those services.
 - b. Subject to subclause 8.4.1 (d), the District-funded LMC for a woman may, with the woman's consent, delegate to another District-funded LMC the provision of part of the primary maternity care. However, the responsibility for meeting the requirements of lead maternity care remain with the initial District-funded LMC.
 - c. The respective responsibilities of the District-funded LMC and the practitioner to whom aspects of LMC care have been delegated will be clearly documented in the care plan.
 - d. Despite subclauses (a) and (b), if, because of exceptional reasons, the District-funded LMC is unable to be responsible for the ongoing provision of lead maternity care to a woman, the maternity provider must ensure that the woman is allocated with another provider of primary maternity services.
- 8.4.3. The District-funded LMC is responsible for:
- a. assessing the woman's and baby's needs; and
 - b. planning the woman's care with her and the care of the baby; and
 - c. the care provided to the woman throughout her pregnancy and postpartum period, including:
 - i. the management of labour and birth; and
 - ii. ensuring that all antenatal, labour and birth, and postnatal care services are provided; and
 - iii. ensuring the woman is in receipt of all Ministry of Health information about immunisation and is able to make an informed decision on immunisation and all the applicable Well Child / Tamariki Ora Schedule Services are provided by the District-funded LMC to the baby within the first six weeks after birth.
- 8.4.4. For a woman in the first trimester of pregnancy, the District-funded LMC or back-up LMC must provide the following services as required:
- a. inform the woman regarding:
 - i. the roles of the LMC and the services the woman will receive, and
 - ii. the contact details of the LMC and back-up, and
 - iii. the standards of care to be expected, and

³ Women receiving District-funded LMC services will be allocated to a specific LMC with a named back up.

- iv. the provision of appropriate information and education about screening, and offer referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about
 - v. complaints procedures and process for providing feedback about the services provided.
 - b. pregnancy care and advice, including:
 - vi. confirmation of pregnancy, and
 - vii. ensuring that the woman has the Ministry of Health's information for consumers about primary maternity services, and
 - viii. all appropriate assessment and care of the woman
 - ix. advice and support to quit to those women who identify as smokers.
 - c. advice if there is a threatened miscarriage, the woman is experiencing a miscarriage or a miscarriage has occurred, including:
 - i. all appropriate assessment and care of the woman, and
 - ii. referral for diagnostic tests and treatment, if necessary
 - iii. ensuring that the woman is fully informed about how to access hospital midwifery services outside of normal business hours
 - d. assessment, care, and advice provided in relation to a termination of pregnancy, including:
 - i. referral for diagnostic tests, if necessary, and
 - ii. referral for a termination of pregnancy
 - iii. referral for pre and post termination counselling.
- 8.4.5. For a woman in the second trimester of pregnancy, the District-funded LMC or back-up LMC must provide all of the following services:
- a. inform the woman regarding:
 - i. the availability of pregnancy and parenting education, and
 - ii. the availability of paid parental leave, if applicable, and
 - iii. if necessary, any of the items of information listed in clause 8.4.3 (a) above
 - b. at the start of the second trimester:
 - i. conduct a comprehensive pregnancy assessment of the woman including, an assessment of her general health, family and obstetric history; a physical examination, and
 - ii. commence and document a care plan to be used and updated throughout the pregnancy, including post natal, that meets the guidelines agreed with the relevant professional bodies, and
 - iii. arrange for the woman to hold a copy of her care plan and her clinical notes (or, if the woman prefers, to be given a copy of her clinical notes following the completion of each trimester)
 - iv. inform the woman of her options for place of birth and place of postnatal stay after the birth
 - c. throughout the second trimester:
 - i. monitor progress of pregnancy for the woman and baby, including early detection and management of any problems, and

- ii. update the care plan, and
 - iii. provide appropriate information and education, and
 - iv. offer referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about, and
 - d. book in to an appropriate maternity facility or birthing unit (unless a homebirth is planned)
 - e. assessment, care, and advice provided in relation to a termination of pregnancy, including:
 - i. referral for diagnostic tests, if necessary, and
 - ii. referral for a termination of pregnancy
 - iii. referral for pre and post termination counselling
- 8.4.6. For the woman in the third trimester, in addition to the requirements set out in clauses 8.4.3 and 8.4.4, the District-funded LMC or back-up LMC must:
- a. organise appropriate arrangements for care during labour and birth and following birth, including transfer to another facility postnatally and, if possible, organising for the woman to meet any other practitioners who are likely to be involved in her care, and
 - b. discuss and confirm a plan of care for the baby
 - c. provide the Ministry of Health information on immunisation and the National Immunisation Register (NIR) as well as information on Well Child / Tamariki Ora services and providers
 - d. arrange transfer to the primary maternity facility if this is the woman's choice for postnatal stay and is clinically appropriate.
- 8.4.7. For labour and birth services:
- a. the District-funded LMC or back-up LMC is responsible for ensuring that all of the following services are provided:
 - i. all primary maternity care from the time of established labour, from initial assessment of the woman at her home or at a maternity facility and regular monitoring of the progress of the woman and baby, and
 - ii. management of the birth, and
 - iii. all primary maternity care until 2 hours after delivery of the placenta, including updating the care plan, attending the birth and delivery of the placenta, suturing of the perineum (if required), initial examination and identification of the baby at birth, initiation of breast feeding (or feeding), care of the placenta, and attending to any legislative requirements regarding birth notification by health professionals
 - b. the District-funded LMC or back-up LMC must make every effort to attend, as necessary, during labour and to attend the birth, including making every effort to attend a woman as soon as practicable:
 - i. when the woman gives birth at home; or
 - ii. after the woman's arrival at the Facility where she will give birth; or
- 8.4.8. For a homebirth, in addition to clause 8.4.6, the District-funded LMC or back-up LMC must:

- a. arrange for another midwife, general practitioner, or obstetrician to also attend the birth; and
 - b. maintain equipment (including neonatal resuscitation equipment) and provide the delivery pack and consumable supplies; and
 - c. ensure that the District-funded LMC or another midwife, general practitioner, or obstetrician remains with the woman for at least 2 hours following the birth of the placenta.
- 8.4.9. For services following birth, the District-funded LMC is responsible for ensuring that all of the following services are provided for both the mother and baby:
- a. reviewing and updating the care plan and documenting progress, care given and outcomes, and ensuring that the maternity facility has a copy of the care plan if the woman is receiving inpatient postnatal care, and
 - b. postnatal visits to assess and care for the mother and baby in a maternity facility and at home up to 6 weeks after the birth, including:
 - i. a daily visit while the woman is receiving inpatient postnatal care, unless otherwise agreed by the woman and the maternity facility, and
 - ii. between 5-10 home visits, with a minimum of 7 total visits (and more if clinically needed) including 1 home visit within 24 hours of discharge from a maternity facility, and
 - c. as a part of the visits in clause 8.4.8(b), examinations of the woman and baby including:
 - i. a detailed clinical examination of the baby within the first 24 hours of birth, and
 - ii. a detailed clinical examination of the baby within 7 days of birth, and
 - iii. a detailed clinical examination of the baby before transfer to a Well Child / Tamariki Ora provider, and
 - iv. a postnatal assessment of the woman at a clinically appropriate time and before transfer to the woman's primary care provider, and
 - d. as a part of the visits in clause 8.4.8(b), the provision of care and advice to the woman, including:
 - i. assistance with and advice about breastfeeding and the nutritional needs of the woman and baby, and
 - ii. assessment for risk of postnatal depression and/or family violence, with appropriate advice and referral, and
 - iii. provide appropriate information and education about screening, and
 - iv. offer to provide or refer the baby for the appropriate screening tests specified by the Ministry of Health and receive and follow up the results of these tests as necessary, and
 - v. the provision of Ministry of Health information on immunisation and the National Immunisation Register (NIR) and provision of any appropriate or scheduled immunisations consented to, and
 - vi. the provision of or access to services, as outlined in the Well Child Tamariki Ora National Schedule, and
 - vii. advice regarding contraception, and
 - viii. parenting advice and education, and

- ix. advice regarding protecting the baby from second-hand smoke.
- e. provide services that meet the requirements of the Baby Friendly Hospital Initiative (BFHI).

8.5 District Co-ordinated Primary Midwifery Care

- 8.5.1. Where you provide Co-ordinated Primary Midwifery Care, you are responsible for allocating each woman requiring District-funded primary maternity services a named midwife and back up. The named midwife or the back up is expected to provide the majority of care to that woman.
- 8.5.2. The named midwife or the back up is responsible for coordinating the primary maternity care for the woman and ensuring continuity of antenatal and postnatal care.
- 8.5.3. With regards to continuity of care:
 - a. from the time of allocation of a woman, the named midwife is responsible for co-ordinating care for the woman in order to achieve continuity of care, and
 - b. the named midwife and the back up is expected to provide the majority of antenatal and postnatal care, and
 - c. there is appropriate documentation for access and updating by providers, other than the named midwife or back up, when they provide the care, and
 - d. where intrapartum care is not provided by the named midwife or the back up:
 - i. the named midwife or the back up will ensure the woman is familiar with the birthing facility and fully informed about the process for contacting the facility when in labour, and
 - ii. the care plan will be up to date at the time labour commences and the woman's plan for her care and for her baby's care will be clearly documented in the care plan, and
 - e. the named midwife or back up is responsible for ensuring that handover to primary care and Well Child / Tamariki Ora services takes place between 4 and 6 weeks postpartum.
 - f. the named midwife or back up is responsible for informing the woman of her options for place of birth and place of postnatal stay after the birth.
- 8.5.4. The named midwife or the back up will ensure the provision of care as described in clauses 8.4.2 to clause 8.4.5
- 8.5.5. For labour and birth services:
 - a. the named midwife or the back up is responsible for ensuring that the care plan for labour and birth is completed and the woman is fully informed about how to access District-coordinated primary midwifery services when required, and
 - b. the named midwife or the back up are responsible for ensuring that all of the following services are provided:
 - i. all primary maternity care from the time of admission to the maternity facility
 - ii. management of the birth, and

- iii. all primary maternity care until 2 hours after delivery of the placenta, including updating the care plan, attending the birth and delivery of the placenta, suturing of the perineum (if required), initial examination and identification of the baby at birth, initiation of breast feeding (or feeding), care of the placenta, and attending to any legislative requirements regarding birth notification by health professionals, and
 - iv. transfer to a primary maternity facility if this is the woman's choice for postnatal stay and is clinically appropriate.
- 8.5.6. For services following birth, the named midwife or back up is responsible for ensuring the provision of postnatal care as described in clause 8.4.8.

8.6 District-funded Primary Midwifery Services for Women who have a General Practitioner or Obstetrician LMC under the Primary Maternity Services Notice

- 8.6.1. For labour and birth, you will provide the following midwifery care in conjunction with the woman's GP LMC or Obstetrician LMC, where there is a prior arrangement between you and a GP or obstetrician LMC:⁴
- a. all Hospital Midwifery Services from the time of presentation to the facility until 2 hours after delivery of the placenta
- 8.6.2. For inpatient services following Birth, the GP or Obstetrician LMC will provide services, in accordance with the Primary Maternity Services Notice, and in conjunction with the District-coordinated primary midwifery services until transfer to a primary maternity facility or discharge
- 8.6.3. For services following Birth, you will assist the GP or Obstetrician LMC to provide the following services to both the mother and baby, where there is a prior arrangement between you and the GP or Obstetrician LMC:
- a. reviewing and updating the care plan and documenting progress, care given and outcomes, and
 - b. visits to assess and care for the mother and baby at home until six weeks after the birth, including between five and ten home visits by a midwife or the GP (and more if clinically needed), including one home visit within twenty-four hours of discharge from a maternity facility, and
 - c. as part of the visits in clause 8.6.1, the provision of care and advice to the woman, including:
 - i. assistance with and advice about breastfeeding and the nutritional needs of the woman and baby, and
 - ii. assessment for risk of postnatal depression and/or family violence, with appropriate advice and referral, and
 - iii. provide appropriate information and education about screening, and
 - iv. offer to provide or refer the baby for the appropriate screening tests specified by the Ministry of Health and receive and follow up the results of these tests as necessary, and

⁴ Note that the obligations of an LMC using facility midwifery services during labour and birth are contained in clause DA23 (4) (a-d) of the Primary Maternity Services Notice.

- v. the provision of Ministry of Health information on immunisation and the National Immunisation Register (NIR) and provision of any appropriate or scheduled immunisations consented to, and
- vi. the provision of or access to services, as outlined in the Well Child Tamariki Ora National Schedule, and
- vii. advice regarding contraception, and
- viii. parenting advice and education.

8.7 Emergency transfer from community settings and primary maternity facilities to secondary and/or tertiary maternity services

- 8.7.1. Where the District has clinical responsibility for the woman and/or her baby, and the woman and/or her baby is being transferred from a community setting or Primary Maternity Facility to a Secondary or Tertiary Maternity Facility, the District-funded Primary Maternity Services Provider is responsible for providing an appropriately qualified escort during the transfer.
- 8.7.2. Where an LMC funded under the Primary Maternity Services Notice has clinical responsibility for the woman and/or her baby and the woman and/or her baby is being transferred from a community setting or Primary Maternity Facility to a Secondary or Tertiary Maternity facility, the LMC is responsible for providing the escort during the transfer.

8.8 Discharge from District-funded Primary Maternity Services

- 8.8.1. Where you have been responsible for providing District-funded primary midwifery care during the postnatal care period, you will ensure a referral of the baby to a local Well Child / Tamariki Ora provider takes place by end of the fourth week following birth.
 - a. The referral to a Well Child / Tamariki Ora provider must be written and must meet the guidelines agreed between the New Zealand College of Midwives and Well Child / Tamariki Ora providers.
 - b. You will ensure that a transfer of the care of the baby to a Well Child / Tamariki Ora provider takes place before 6 weeks from birth.
 - c. If the baby has unusually high needs, you may request that a Well Child / Tamariki Ora provider becomes involved as early as 2 weeks from birth to provide concurrent and co-ordinated care with you.
- 8.8.2. A transfer of the care of the woman and the baby from you to the woman's primary health services provider must be completed by 6 weeks from birth.
 - a. You must give a written or electronic referral to the woman's general practitioner that meets the guidelines agreed by the New Zealand College of Midwives and the Royal New Zealand College of General Practitioners, before discharge from your primary maternity services.
 - b. If a woman does not have a regular general practitioner, you will inform the woman about primary care providers in the local area.

8.9 Referrals for ultrasound

- 8.9.1. Referrals for ultrasound scans must be only for an approved clinical indication for ultrasound in pregnancy, in accordance with clause DC11 of the Primary Maternity Services Notice.
- 8.9.2. Referrals for ultrasound scans must also include the date of referral and the appropriate clinical indication for ultrasound in pregnancy code.

8.10 Key Inputs

- 8.10. Where you provide Lead Maternity Carer and District Co-ordinated Primary Midwifery Care, it must be provided by a registered health practitioner who is
 - a. a general practitioner with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners); or
 - b. a midwife; or
 - c. an obstetrician.

9. Service Linkages

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

Service Provider	Nature of Linkage	Accountabilities
Primary maternity care services, funded under the Primary Maternity Services Notice	<p>Liaison and consultation processes</p> <p>Maintain linkages with local General Practitioner and Obstetric LMCs who arrange to use hospital midwifery services.</p>	<p>The District-funded primary maternity service is interdependent with LMC services funded under the Primary Maternity Services Notice.</p> <p>Establish relationships between District-funded primary maternity service and LMC services funded under the Primary Maternity Services Notice.</p> <p>Where a medical LMC requires access to hospital midwifery services, a prior arrangement with a maternity facility on the use of its hospital midwifery services must be made. This arrangement is in addition to the Access Agreement between the LMC and the Facility.</p>
Secondary Maternity or Tertiary Maternity Services and Maternity	Liaison and consultation processes.	Clinical consultation and referral services that support continuity of care.

Service Provider	Nature of Linkage	Accountabilities
Facility Services and any other related services within the District's provider arm		
Well Child / Tamariki Ora Services	Liaison and consultation processes.	District-funded primary maternity services will maintain linkages and have clear pathways for referrals with local providers of Well Child / Tamariki Ora services.
Primary Care/General Practice	Liaison and consultation processes.	District-funded primary maternity services will maintain linkages and have clear pathways for referrals with local providers of primary health services, including PHOs and General Practice.
Emergency department Services	Liaison and consultation processes.	Clinical consultation and referral services for anyone with illness, injury or obstetric complications that require or is perceived to require immediate assessment and/or treatment that could not appropriately be provided in a basic primary care setting (including a General Practice surgery, or an Accident and Medical Clinic).
Neonatal Services	Liaison and consultation processes.	The secondary maternity services provides Paediatrician services for babies who, in reference to the Maternity Referral Guidelines, require a Specialist consultation but who do not come within the definition of Neonatal Services.
Gynaecology Services	Liaison and consultation processes.	Specialist consultations and Inpatient services that relate to pregnancy may be provided as part of gynaecology services until the pregnancy is of 20 weeks 0 days gestation. This may include services for termination of pregnancy and miscarriage.
Public Health Services	Liaison and consultation processes.	Support health promotion and education strategies for women and babies.

Service Provider	Nature of Linkage	Accountabilities
Counselling services, drug and alcohol services and maternal mental health services	Liaison and consultation processes.	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Support with grief and loss for families that experience bereavement or adverse outcomes.	Liaison and consultation processes.	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.
Other Government and NGO health and social services	Referral and liaison.	Ensure there is a seamless service that supports continuity of care.
Māori Provider Services	Liaison and consultation processes	Clinical consultation and referral services that support continuity of care, and meet each woman's clinical need.

10. Exclusions

Refer to the Maternity Services tier one 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.

Refer to the Maternity Services tier one service specification.

11.2 Ultrasound Scans

A maternity provider who provides an ultrasound scan as part of this Service must provide the following service:

- a. conduct an ultrasound scan according to the quality standards recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Royal Australian and New Zealand College of Radiologists (RANZCR)
- b. ensure that a qualified Sonographer, qualified Radiologist (or registrar under their supervision) or an obstetrician with a Diploma of Diagnostic Ultrasound (Dip DU) or equivalent as determined by the RANZCOG is available to tailor the examination to the clinical situation by:
 - being physically present at the place where the examination is being performed, or
 - when using teleradiology, being available to review the transmitted diagnostic images before the woman's departure from the place where the scan is conducted
- c. obtain a permanent visual record of the scan
- d. provide the referring practitioner, midwife, obstetrician or family planning practitioner with a written interpretation of the scan by a radiologist with a Dip DU or equivalent as determined by the RANZCOG in a timely manner.

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following purchase units apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure	National Collections and Payment Systems
W01007	District non-specialist antenatal consults	Antenatal consults by a District non-specialist practitioner providing maternity care to a woman.	Contact	Non Admitted Patient Collection (NNPAC)
W01008	District non-specialist postnatal consults	Postnatal consults by a District non-specialist practitioner providing maternity care to a woman and her baby(s). May also include visits to the woman's home. Also includes consults where District midwives are supporting an obstetrician or GP LMC funded under the section 88 Notice.	Contact	NNPAC
W01021	District Primary Maternity Ultrasound	District-funded maternity ultrasounds referred by a community LMC or District non-specialist practitioner. Excludes ultrasounds referred by a District	Procedure	NNPAC

		specialist as part of a specialist assessment.		
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The Service must comply with the reporting requirements of national data collections where available.

Explanation of units of measure for the purchase units

Unit of Measure	Unit of Measure Definition
Contact	The number of face to face contacts between a health professional and client or group of clients, for the provision of clinical services/interventions described in the service specification. A contact is equivalent to a visit.
Procedure	The number of individual operative/diagnostic/assessment procedures in the period.

13. Reporting Requirements

Specific reporting requirements to the National Maternity Collections are detailed in Appendix 1.

14. Glossary

Not required

15. Appendices

15.1 Appendix 1 – Reporting to National Maternity Collections

You will collect and retain the following information on all mothers and babies utilising funded primary maternity services:

- a. Mother NHI
- b. Mother Date of Birth
- c. Mother Ethnicity at allocation
- d. Mother Height at allocation
- e. Mother Weight at allocation
- f. Smoking status at allocation, specified as:
 - i) Non smoker
 - ii) Less than 10 cigarettes per day
 - iii) Between 10 and 20 cigarettes per day
 - iv) More than 20 cigarettes per day
- g. Estimated Date of Delivery
- h. Gravida
- i. Parity
- j. Last Menstrual Period
- k. Antenatal Midwife Registration Number
- l. First Antenatal Date of Service Number of Antenatal Visits – First Trimester
- m. Number of Antenatal Visits – Second Trimester
- n. Number of Antenatal Visits – Third Trimester
- o. Delivery Date
- p. Birth at Home Indicator (Y or N)
- q. Vaginal Birth After Caesarean Indicator (Y or N)
- r. Number of Visits Inpatient Postnatal Stay
- s. Number of Postnatal Home Visits
- t. Postnatal Midwife Registration Number
- u. Baby NHI
- v. Baby Date of Birth
- w. Baby Sex
- y. Baby Ethnicity
- z. Baby Birth Weight

- aa. Apgar score at 5 minutes
- ab. Gestational Age at Birth
- ac. Baby Birth Condition (Live Born or Still Born)
- ad. Breast-feeding status at 2 weeks, specified as:
 - i) Exclusive
 - ii) Fully
 - iii) Partial
 - iv) Artificial
- ae. Breast Feeding status at discharge from midwifery care (4 – 6 weeks post birth), specified as:
 - i) Exclusive
 - ii) Fully
 - iii) Partial
 - iv) Artificial
- af. Mother's smoking status at 2 weeks after birth, specified as:
 - i) Not smoking
 - ii) Less than 10 cigarettes per day
 - iii) Between 10 and 20 cigarettes per day
 - iv) More than 20 cigarettes per day
- ag. Neonatal Death Indicator (Y or N)
- ah. Maternal Death Indicator (Y or N)
- ai. Last Postnatal Visit Date of Service
- aj. Referral to Well Child / Tamariki Ora Provider, specified as:
 - i) Plunket
 - ii) Other
 - iii) Woman declined referral to Well Child / Tamariki Ora Provider
 - iv) Not referred
- ak. Referral to GP, specified as:
 - i) Yes
 - ii) Woman declined Referral to GP
- al. Type of service the woman received, specified as:
 - i) District LMC Services
 - ii) District coordinated primary midwifery care
 - iii) Hospital midwifery services
- am. District of Service

This information will be made available to Health New Zealand on request. HNZ will work with Districts on a means of submitting this information to national collections on a regular basis.