Maternity Service

Strategic Plan 2005 - 2010

SOUTHLAND DISTRICT HEALTH BOARD

Haast
Makarora
Lake Hawea
Albert Town
Wanaka
Luggate
Milford Sound
Glenorchy
Cardrona
St Bathans
Arrowtown
Queenstown
Frankton
Kelvin Heights
Cromwell
Omakau
Oturehua
Clyde
Alexandra
Te Anau Downs
Kingston
Fruitlands
Te Anau
Garston
Roxburgh Hydro
Athol
Roxburgh
Manapouri
Ettrick
Mossburn
Lumsden
Waikaia
Beaumont
Monowai
Heriot
Balfour
Riversdale
Waikaka
Kelso
Tapanui
Lawrence
Waitahuna
Ohai
Dipton
Mandeville
Nightcaps
Limehills
Gore
Pukerau
Clifden
Orawia
Winton
Drummond
Browns
Tuatapere
Otautau
Mataura
Clinton
Balclutha
Stirling
Fairfax
Kaitangata
Thornbury
Edendale
Wyndham
Orepuki
Wallacetown
Kaka Point
Riverton
Woodlands
Owaka
Colac Bay
Otatara
Invercargill
Pounawea
Waimahaka
Fortrose
Tokanui
Papatowai
Greenhills
Bluff
Waikawa
Halfmoon Bay

EXECUTIVE SUMMARY

In August 2004 Southland District Health Board (SDHB) initiated the development of a 5 year strategic plan for their maternity services that will enable providers to work and plan for the future collaboratively and with more certainty. To develop this plan a project team and a key stakeholder group were established and an overview of maternity services in the SDHB region was completed. Benchmarking data was also obtained against which future activities could be measured.

SDHB funds a range of maternity services including:

- Secondary obstetric services at Southland Hospital.
- Level 2 specialist neonatal services based at Southland Hospital.
- Neonatal home care services based at Southland Hospital.
- A maternity facility in Southland Hospital.
- Primary maternity facilities at Winton, Lumsden, Frankton, Tuatapere and Gore.
- Pregnancy and parenting education programmes in a variety of localities.

The Ministry of Health continues to fund Section 88 (2002) which pays individual Lead Maternity Carers (LMCs), mainly self-employed midwives, who form the bulk of the community based primary maternity service workforce in the region. LMCs access the maternity facilities across the region to care for women during labour and birth.

The SDHB provider manages the maternity services at Southland Hospital in Invercargill and Lakes District Hospital at Frankton, while the maternity facility services in Tuatapere, Lumsden, Winton and Gore are owned and managed by community Trusts or community owned companies. Secondary obstetric and neonatal referral services for the region are provided at Southland Hospital. Pregnancy and parenting education programmes are managed by a variety of providers including some Community Trusts, Plunket and Parents Centre.

The key findings of the stocktake of services carried out in September and October 2004, were:

- Births in the SDHB region have remained fairly static since 2000. In 2003/04 there were 1372 births in the region, 1332 of these in SDHB funded facilities and 40 planned home births.
- Southland Hospital birth volumes continue to increase while births in most of the primary maternity facilities have reduced.
- Use of secondary obstetric services at Southland Hospital were greater than expected with induction and caesarean section rates high compared with national benchmarks.
- 80% of pregnant women use a midwife as their LMC.
- The SDHB region experiences a recurrent midwifery recruitment and retention problem.
- There is little collaboration in service provision between the various maternity service providers.
- There is little co-ordination of the service as a whole in Southland.

The plan development process was concluded by a community consultation process, that involved opportunities for providers, consumers and the community to comment on the draft plan through written submission and public meetings. The plan was subsequently reviewed and altered in light of feedback from this process, in preparation for submission to the Board for approval.

The following strategies are now recommended to form the basis of a plan for the development and maintenance of SDHB maternity services over the next 5 years.

1. Improve access to appropriate maternity services throughout the Southland District.
2. Enable the community to actively contribute to shaping and monitoring the maternity services.
3. Structure and manage services to facilitate continuity of care and achieve optimal outcomes for both mothers and babies.
4. Focus on achieving high quality services for mothers and babies throughout the Southland District.
5. Improve SDHB maternity services with a planned infrastructure.

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INTRODUCTION

Maternity services in New Zealand are provided to women and their families throughout pregnancy, childbirth and for the first six weeks of a baby's life. These services are provided in the home and in the birthing facility by a range of health professionals including midwives, general practitioners and obstetricians.

Southland District Health Board (SDHB) is responsible for planning and funding health services for its population. To guide this process, this five year strategic plan has been developed to enable the provision of a high quality, integrated and safe maternity service that is responsive to the needs of women within Southland district.

SDHB is responsible for funding the maternity hospital/facility based services, specialist referral services, and some pregnancy and parenting education programmes, while the Lead Maternity Carer (LMC) component is funded directly to the individual practitioners through Section 88 of the New Zealand Public Health and Disability Act (NZPHDA 2000). These services are expected to be provided free of charge to eligible childbearing women in Southland District.

Maternity service provision is complex due to variables such as the variety of providers involved, geography and community demographics. Providers of these services range from individual self-employed LMCs (both midwives and general practitioners) and non-government organisations that provide primary maternity services, to the provider arm of the District Health Board that manage secondary facility and obstetric referral services and some primary services.

The development of this document involved a stocktake of existing services, advice from a steering group representing providers and consumers, on site community consultations and analysis of related documentation and regional and national benchmarking data. Limitations of this stocktake were due mainly to:

- the lack of recent national benchmarking data,
- differing annual cycles for data capture between providers,
- lack of specific financial data relating to claiming directly through HealthPAC,
- assumptions about inter-district flows
- differing reporting requirements between providers.

SOUTHLAND'S MATERNITY SERVICE OVERVIEW

All pregnant women, who are New Zealand citizens or residents, and their newborn babies are expected to have access to primary, secondary and tertiary maternity health services funded by the District Health Board and/or the Ministry of Health. They should be able to choose to birth at any maternity facility with a District Health Board maternity facility contract and where their chosen Lead Maternity Carer (LMC) holds an access agreement or at home.

"Primary Maternity Facility" means a facility that has no inpatient Secondary Maternity service and does not have 24-hour on-site availability of Specialist Obstetricians, Paediatricians and Anaesthetists.

" Secondary Maternity Facility" provides additional care, from twenty weeks gestation to six weeks following a Birth, for women and babies who experience complications and who, in reference to the Referral Guidelines, have a clinical need for referral to the Secondary Maternity Service for either consultation or transfer on a planned or emergency basis.

"Tertiary Maternity Facility" provides services on a regional basis for women with complex maternity needs who require access to a multidisciplinary specialist team. Women accessing Tertiary Maternity Services will continue to have access to LMC services and Maternity Facility Services.

Current Maternity Services Provided in Southland

Services funded directly by Southland District Health Board

These services include:
- Secondary maternity services and access to tertiary maternity services. This service is located at Southland Hospital and consists of obstetricians, anaesthetists, radiologists, pathologists, allied health practitioners, midwives, lactation consultants, nurses and support staff.
- Level 2 specialist neonatal services and access to level three neonatal services. This service is located at Southland Hospital and consists of paediatricians, nurses, allied health staff and support staff.
- Primary maternity facility (hospital) services located in Southland Hospital, Lakes District Hospital, Gore Hospital, Winton Maternity Centre, Lumsden Maternity Centre and Tuatapere Maternity Centre.
- Pregnancy and parenting (antenatal) education programmes for women in Invercargill, Gore, Winton, Lumsden, Queenstown and Tuatapere.

Services funded directly by the Ministry of Health

These services include:
- LMC services as described in Section 88 of the New Zealand Public Health and Disability Act (2000). An individual, mainly self-employed midwife, general practitioner or obstetrician, who are paid by the Ministry of Health, to undertake the role of LMC for individual childbearing women, provides this component of the maternity service. This care is expected to be provided mainly in the community for the duration of the pregnancy and up to six weeks following the birth. This should be provided by the same practitioner or in the case of a GP or obstetrician LMC, in conjunction with a midwife.
- The LMC applies to the maternity facility for an access agreement to provide care for women who choose to birth in the maternity facility.

SDHB Maternity Service Overview

Maternity service consumer profile

In 2003/04 there were 1332 babies born in SDHB contracted maternity facilities and 40 planned home births in the region.

Ethnicity of birthing mothers

Southland has the highest proportion of Maori births in the South Island at 11.4%, and majority of the birthing population in the SDHB region identified themselves as European (82.6%).

Birth rate

The birth rate for Southland in 2002, when standardised for age and ethnicity, was similar to the national rate (MOH, 2004 - p22), however, the fertility rate was higher for women under 20 years than the national rate.

Maternal age

Mothers in Southland tended to be younger than the national average, with most birthing in the 26-30 year age group. Only 10% of Southland women aged 36+ birthed in the region.

Births in the region

In the SDHB area, the birth rate over the last 5 years has fluctuated in line with national trends (MoH, 01: MoH, 03: MoH, 04). Table 1 indicates that in the 03/04 year, birth numbers were slightly higher than the previous 2 years. The rate of home births and those birthing in Southland Hospital increased the most over this time. Birth volumes in Tuatapere remained less than half the rate of those in other primary facilities.

Table 1 Total births in Southland DHB region 01/02 – 03/04 (Southland DHB records 04)

Years	Southland Hospital	Lakes Dist Hospital	Gore Hospital	Winton Maternity	Lumsden Maternity	Tuatapere Maternity	Home births	Total in SDHB area
03/04	1123	32	95	33	34	15	40	1372
02/03	1103	38	87	47	30	14	32	1334
01/02	1100	45	84	47	30	10	23	1339

Postnatal stay volumes (table 2) increased more significantly in Lumsden and Gore Hospitals.

Table 2 Postnatal stays in Southland DHB region 01/02 – 03/04 (Southland DHB records, 04)

Years	Southland Hospital	Lakes Dist Hospital	Gore Hospital	Winton Maternity	Lumsden Maternity	Tuatapere Maternity	Total in SDHB area
03/04	1029	28	166	90	74	39	1426*
02/03	1005	32	147	98	45	41	1368*
01/02	1018	40	120	96	44	40	1358*

*Excess postnatal stays compared to birth volumes are due to double counting (by Southland Hospital and a Primary facility) which was difficult to track and correct but has no financial implication as Southland Hospital is not paid for volumes as is done to other facilities.

Birth volumes by locality

Table 3 below, highlights the difference between the births in the facilities and births within the locality of each facility. Facilities closer to Southland Hospital seem to have a greater number of women choosing to birth out of their locality, probably in Southland Hospital. There will be many reasons why women choose to birth in the base obstetric hospital, Southland Hospital, rather than locally. These include clinical reasons, personal preference, preference or advice from LMC, proximity to family or lack of knowledge about the local services

Table 3 Births in the SDHB region in 02 by facility compared with locality of the birthing woman

Births in the Southland DHB region (02)			
	Births in locality	Births in the facility	Births out of locality
Gore Hospital Total	196	92 (47%)	104 (53%)
Lakes District Hospital	150	37 (25%)	113 (75%)
Lumsden Hospital	40	25 (63%)	15 (37%)
Tuatapere Hospital	62	14 (23%)	48 (77%)
Winton Hospital	83	42 (51%)	41 (49%)

Source: NZHIS births by Dep 02 (04); SDHB records

Key issues:

- Southland has a small birthing population spread over a large geographic region compared with the rest of the country.
- The birthing population is not anticipated to increase in the near future.
- Past community involvement in maternity services has ensured the maintenance of a number of small primary maternity facilities throughout the region, however, in some localities their viability is threatened because most local women are birthing in Southland Hospital.

Home Births

The rate of home births in the SDHB region has increased over the past three years. There appears to be a very low rate of transfer to secondary services (10%). Research indicates that the transfer rate from primary facilities of base hospitals in New Zealand averages around 15-20% (Hendry, 2003).

Table 4 Home birth rate in SDHB region.

Home births	01	02	03
Planned	23	32	40
Succeeded	22	25	36
Transfers to base	1	7	4

Source: Southland Home Birth Association (04)

Key issues:

- Home birth provides a viable option for women with a healthy pregnancy expecting a normal birth and places less pressure on Southland Hospital, compared with hospital births.

Maternity Service Profile Relating to Maori Women and Whanau

SDHB's District Annual Plan 2004/05 confirms the Board's commitment to Maori health status and improved Maori health outcomes. Particular features of Maori birthing women at a national level, identified in the Report on Maternity, 2002 (MOH, 2004) include:

- Maori tend to have children at a younger age (16-24 years of age) and tend to have more pregnancies than the rest of the population.
- Maori birthing women are more highly represented in the most deprived NZDep deciles.
- In 2002 only 18.6% of Maori mothers were recorded as breastfeeding, with the rate decreasing with maternal age.
- Proportionally more Maori women birthed in primary maternity units than any other ethnicity.
- Most Maori women had a midwife LMC (81%).
- In 2002 Maori had a higher normal birth (79.5%) rate than the national rate of 67.7.

Key issues:

- There are small numbers of maternity service providers who identified as Maori.
- The pregnancy and parenting programme offered by a Maori provider is not funded by SDHB.
- Analysis of current and future perinatal outcomes for Southland Maori is not done.

Maternity Facilities in Southland District in 2005

Southland Hospital

Based in Invercargill, the maternity ward includes 14 antenatal/postnatal rooms each with ensuites and 4 labour/birth rooms. Caesarean sections are performed in the main Hospital Theatre.

Admissions during pregnancy

Southland Hospital has the highest length of stay for antenatal admissions in the country (2.6 days), compared with the national average of 1.6 days for secondary and 1.6 for tertiary facilities (MoH, 04).

Postnatal length of stay

The most recent national data available (2002) indicated that the postnatal length of stay in Southland Hospital of 2.9 days was similar to the national average for secondary maternity facilities (2.7 days). Southland Hospital has more primary facilities to transfer women to postnatally than any other secondary facility in the country. In 2003/04, about 18% of women birthing at Southland Hospital transferred to a primary facility for their postnatal stay.

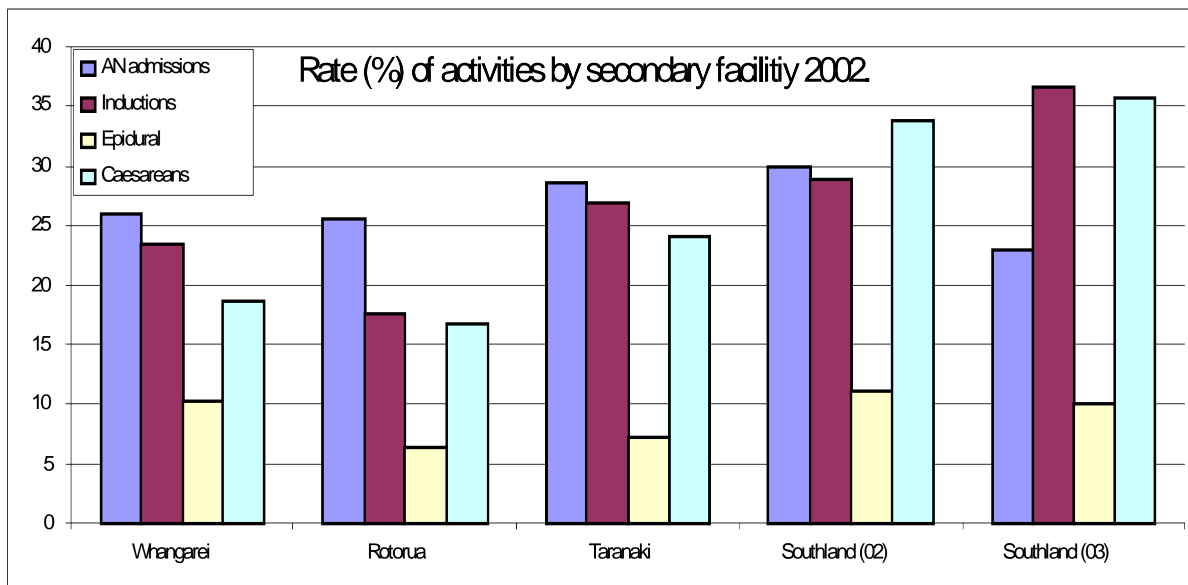
Obstetric Anaesthetics

In 03 only 10.1% of women had an epidural anaesthetic during labour. Of this, 35% had a spinal anaesthetic (30.2% spinal) for the actual birth.

Obstetric referral services

Women in the SDHB region have secondary maternity services available at Southland Hospital. One part time private obstetrician provides a service in Invercargill. Southland Hospital employs 4 obstetricians in the secondary maternity service. Otago DHB provides most tertiary maternity services for Southland women. However, women are also referred to other tertiary providers at Christchurch, Wellington or Auckland, depending on need. Midwives provide the majority of LMC services in the region (79%). The majority of births occur in Southland Hospital (84%), with the obstetricians in Southland Hospital conducting approximately 40% of these births.

Figure 1. Rate of antenatal admissions, inductions, epidurals and caesarean sections by secondary facility in 02. (MoH, 04) compared with three other secondary facilities in New Zealand having similar volumes of birth.



Source: Ministry of Health 2004

In 02, Southland Hospital had a higher rate of inductions and caesarean sections than the other hospitals, which serve a similar sized population of birthing women.

Statistics from Southland Hospital for the year 03 indicated:

- One in three labours were induced or augmented (36.6%).
- More than one third of birthing women had some form of anaesthetic for delivery (30.2% had a spinal anaesthetic).
- 36% of total births were delivered by caesarean.
- While 60% of the women were booked by “Private LMCs” (self-employed LMCs), only 30% of births were conducted by these LMCs.
- 46.5% of births were conducted by hospital doctors, indicating that at least 50% of all labouring women were referred to the secondary care.

Maternal Mental Health Service

A midwife and a nurse with mental health experience initially set up this service. The service continues with input from a community mental health nurse and a social worker for pregnant women referred by their LMC, or for women with a child up to one year of age.

Neonatal Unit (NNU)

Southland Hospital has a level two Neonatal Unit consisting of 6 cots and providing care for infants over 30 weeks gestation and over 1000gms in weight. Babies requiring therapies for a longer term are transferred, generally to Dunedin. Admissions to the NNU at Southland Hospital have increased steadily over the last three years 01 – 03.

Table 5 Admissions to the Neonatal Unit at Southland Hospital

Admissions to the Neonatal Unit at Southland Hospital			
	01	02	03
Number of babies admitted to NNU	148	175	215
Total live births	1339	1334	1372
% of babies born in Southland	11%	13%	16%

Source: SDHB (04)

Key issues:

- The recent move into the new base hospital represents a reduction of two antenatal/postnatal beds, which restricts the ability to flex up. Greater use of the rural primary maternity facilities is seen as a means to reduce pressure on beds.
- Southland Hospital had a higher rate of interventions and procedures in childbirth than would be expected for a secondary maternity service. Reduced intervention rates should lead to better health outcomes for women and babies. A reduction of acuity levels in Southland Hospital would lessen the pressure placed on the core facility staff and increase the number of women able to birth in primary units, particularly following a normal first birth in Southland.

Primary Maternity Facilities

Primary Maternity Facilities are defined as a maternity hospital or dedicated maternity beds in a community hospital, which does not provide any secondary maternity services such as obstetrics, inductions, epidurals or caesarean sections. These facilities are required to have midwives on call or on duty 24 hours a day. Evidence suggests that low risk birthing women would achieve better health outcomes if they birthed in primary facilities or at home, as it limits their risk of surgical intervention (HFA, 2000 p25).

SDHB currently has five primary maternity facilities in their region, all managed by Community Trusts or organisations, other than Lakes District Hospital which is owned and managed by SDHB. In 02 Southland DHB region had the second highest rate of births in primary facilities.

Table 6 Utilisation of primary birthing facilities in 02 for the South Island of New Zealand (MoH, 04)

DHB	Primary facility	Births	% of total births	Total DHB births
Nelson / Marlborough	Motueka Hospital	55	4	
	Golden Bay	26	2	
Total % of all births			6	1361
Canterbury	Kaikoura Hospital	8	0.15	
	St Georges Hospital	628	12.5	
	Burwood Hospital	193	4	
	Lincoln Hospital	91	2	
	Rangiora Hospital	50	1	5108
	Akaroa Hospital	2	0.04	
	Darfield Hospital	9	0.2	
	Waikari Hospital	1	0.02	
	Ashburton Hospital	155	3	
Total % of all births			22.5	
West Coast	Buller	21	7	
Total % of all births			7	293
South Canterbury			0	535
Otago	Ranfurly	8	.5	
	Balclutha Hospital	37	2	1861
	Charlotte Jean	28	1.5	
	Oamaru Hospital	73	4	
Total % of all births			8	
Southland	Gore Hospital	92	7	
	Lakes District Hospital	37	3	
	Winton	42	3	1309
	Northern Southland Birthing	25	2	
	Tuatapere Hospital	14	1	
Total % of all births			16	

Source: **Report on Maternity 2002 (MoH, 04)**

Antenatal and Postnatal Admissions

Births alone do not identify the total maternity related activities involved within these facilities. All of the maternity facilities provide:

- Antenatal assessment facilities for LMC's to use.
- Admission and assessment of women in labour who are then transferred to Southland Hospital.

- Postnatal care following birth in Southland Hospital.

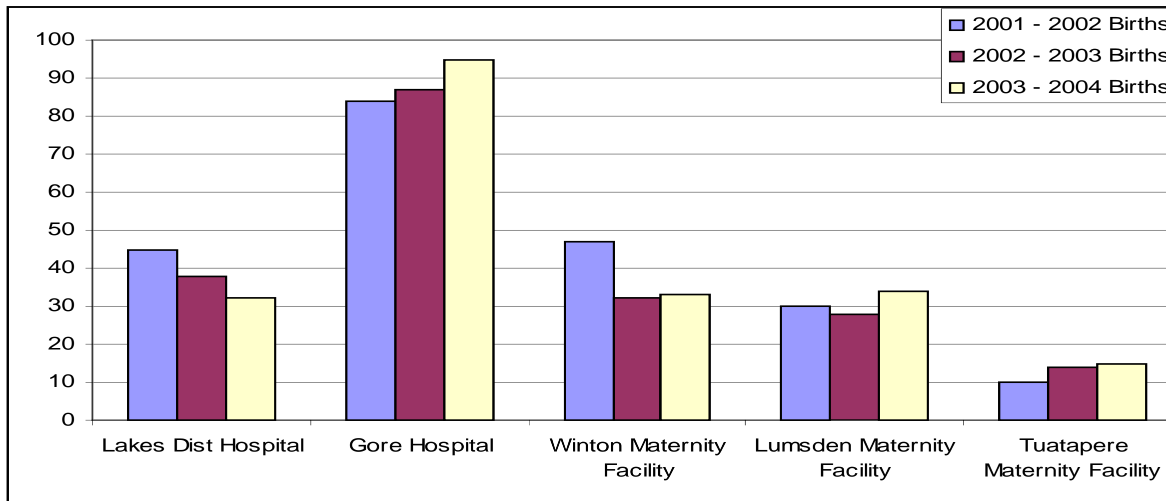
Table 7 Antenatal transfers to and postnatal transfers from Southland Hospital (03).

FACILITY	ANTENATAL TRANSFERS TO SOUTHLAND HOSPITAL	POSTNATAL TRANSFERS FROM SOUTHLAND HOSPITAL	TOTAL NON- BIRTH ADMISSIONS
Gore	59	63	122
Lumsden	13	41	54
Queenstown	28	7	35
Tuatapere	13	34	47
Winton	12	62	74
Total	125	207	332

Source: SDHB records, 04.

Table 7 above, indicates that significantly more activities occur in these facilities other than births.

Figure 2. Birthing volumes for SDHB funded primary maternity facilities 01/02 – 03/04



Source: SDHB records (04)

The Waiau Health Trust Ltd (Tuatapere)

The Tuatapere Hospital Trust was formed in 1989 by the community to maintain a maternity hospital service in Tuatapere. Currently the GP, District Nurse and Midwives work out of the facility. The midwives (2) provide LMC service for women to birth at Tuatapere or Invercargill, postnatal inpatient care and pregnancy and parenting classes. This service has struggled to increase the number of women using the facility service as most local women use the midwifery LMC service and birth in Southland Hospital.

Table 8 Waiau Health Trust maternity service activities.

TUATAPERE MATERNITY SERVICE ACTIVITIES			
Years	01/02	02/03	03/04
Births at Tuatapere	10	14	15
All postnatal stays	40	41	39

Source: SDHB Records (04)

Northern Southland Health Ltd (Lumsden)

This organisation provides a maternity facility in the refurbished Lumsden Hospital, which also houses the local medical centre. A LMC midwifery service is run from the facility for women to birth locally and to provide antenatal and postnatal care for local women birthing in Southland Hospital. They also provide pregnancy and parenting education for local women.
This service has increased the number of women using the service significantly over the past 18 months. They are now providing services for women in Lumsden, Te Anau, Riversdale, and Queenstown. The local GP does not provide maternity services, but the midwife LMC lives on the premises and is supported by 2 local midwives. The service is well supported by the community and is run by a local Trust. Various incentives are offered to local women to use the service including a postnatal home help package.

Table 9 Northern Southland Health Ltd maternity service activities.

NORTHERN SOUTHLAND HEALTH LTD			
Years	01/02	02/03	03/04
Births at Lumsden	30	28	34
All postnatal stays	44	45	74

Source: SDHB Records (04)

Central Southland Hospital Charitable Trust (Winton)

This organisation provides a maternity facility in Winton, which is 40 minutes north of Southland base hospitall. Three local self-employed LMC midwives provide a midwifery service for women to birth either at Winton or in Southland Hospital. Employed nurses work in shifts to provide inpatient care for women postnatally. Three other LMC midwives also hold access agreements.

Pregnancy and parenting education programmes are also run from the centre. The birth numbers have been reducing over the years as the GPs ceased providing a service. However, a part-time manager has been employed to market the service along with the local LMC midwives.

Table 10 Central Southland Hospital Charitable Trust maternity service activities.

CENTRAL SOUTHLAND HOSPITAL CHARITABLE TRUST			
Years	01/02	02/03	03/04
Births at Winton	47	32	33
All postnatal stays	96	98	90

Source: SDHB records (04)

Gore Health Services Ltd

This organisation provides a maternity facility at the Gore Hospital. Local self-employed LMC midwives and one GP LMC provide a service for women to birth either at Gore or in Southland Hospital. Employed midwives and nurses work in shifts to provide inpatient care for women postnatally. The self-employed LMC midwives work closely with the facility and refer only secondary care to Southland Hospital. There is concern that some of the midwives will be retiring in the next few years. There is work for more LMC midwives in the district.

Table 11 Gore Health Ltd maternity service activities.

GORE MATERNITY SERVICE ACTIVITIES			
Years	01/02	02/03	03/04
Births at Gore	84	87	95
All postnatal stays	120	147	166

Source: SDHB records (04)

Lakes District Hospital (Frankton)

SDHB provide a maternity service at Lakes District Hospital in Frankton, close to Queenstown. It provides an LMC midwifery service, inpatient labour, birth and postnatal services and postnatal stay for women transferring from Southland or Dunedin Hospitals. The local medical centre runs the pregnancy and parenting programme in the district. Local LMC midwives also access the facility to birth women.

Four midwives are currently employed to provide an LMC service and midwifery inpatient care. Nurses on duty in the rest of the hospital provide an on call service for inpatient women when the midwives are not on site. There is always a midwife on call for the facility. There is concern that the facility is under-utilised by local women. There is capacity to manage about 100 births per year.

Table 12 Lakes District Hospital maternity service activities.

LAKES DISTRICT HOSPITAL			
Years	01/02	02/03	03/04
Births at Frankton	45	38	32
All postnatal stays	40	32	28

Source: SDHB records (04)

***Key issues**:*

- Birthing women do not seem to be using their local primary maternity facilities. This threatens the viability of the service. Birthing in the secondary maternity facility places rural women with a healthy pregnancy at greater risk of intervention in childbirth.
- The current low level of birthing in all the rural facilities is also threatening the viability of the local LMC services in these rural localities. As more women birth in Southland Hospital endup with an operative birth, they will choose or require birthing back in Southland Hospital for the following birth. This reduces the potential client volumes in rural areas, reducing the LMC midwife's income and potentially forcing them to leave the district.
- Closure of rural facilities will also result in rural LMCs being forced to travel to Southland Hospital to birth women which will increase their costs (and reduce business viability) and therefore leave localities without a midwife in case of emergency.
- A number of small facilities face staffing shortages and there is no collaboration between the facilities to share staffing resources.

Pregnancy and Parenting Education Programmes

The Ministry of Health Service Coverage document (2004-05) indicates an expectation of services being available free of charge to 30% of all pregnant women each year (MoH, 04). With the current volume of births in SDHB region, this would equate to a minimum of 43 programmes per year (with 10 women per programme). These providers being:

- Plunket Society
- Parents Centre
- Awarua Health and Social Services

Table 13 Pregnancy and parenting programmes in the SDHB region annually.

Localities	Providers	Contracted Programmes / Year
Central Southland	Plunket Gore Plunket Winton	2 4
Invercargill	Plunket Parents Centre	14 10
Northern Southland	Lumsden	4
Wakatipu	Plunket Queenstown Medical Centre	3 6
Western Southland	Tuatapere	2
Te Anau	Plunket	2
Total		47

Source: SDHB, Plunket & MoH records 04

Key issues:

- SDHB does not manage the contract for all of these programmes, therefore cannot easily review service access and quality.
- There are no funded programmes specifically for Maori, home birth or for young pregnant women.

Maternity Service Workforce

SDHB maternity workforce consists of all required professionals i.e. doctors, midwives, nurses, obstetric nurses, a lactation consultant, childbirth educators, social workers, dieticians and physiotherapists.

Doctors

SDHB employed obstetricians to provide secondary obstetric referral services for the region and employed anaesthetists provide anaesthetic services including epidurals. The paediatric service at Southland Hospital provides neonatal services.

Some General Practitioners in Invercargill provide LMC services to women in the region. Under Section 88, the GPs purchase midwifery care for women during childbirth and postnatally. These services are purchased either from the DHB midwifery workforce or from self-employed midwives.

Midwives

In Southland as in the rest of the country, midwives form the main maternity workforce. Midwives are classified as either core or LMC (caseload) midwife.

Core midwives are employed to provide midwifery care on shift work, within a hospital or a primary birthing facility. These midwives provide the 24-hour hospital midwifery cover, including support and back up for LMCs, midwifery care for GP LMCs and secondary midwifery care for women and babies. Southland Hospital is budgeted to employ 13 full time equivalent core midwives.

LMC (caseload) midwives are either employed or self-employed, work on call 24/7 (with self-organised rostered time off) with a specific caseload of pregnant or birthing women to care for per month. They provide community based antenatal and postnatal care and midwifery care for women in labour and birth, whether the birth is in the hospital or home. The New Zealand College of Midwives recommends a full time caseload of 50 women per year for an LMC midwife.

In Southland, as in the rest of the country, midwives provide almost 80% of LMC services to women in the region. Currently, the Southland DHB region has 18 self-employed LMC midwives and Southland Hospital employs a team of 3 LMC midwives as well as the 13 core midwives.

Nursing and Allied Staff

SDHB also employs nursing and allied health staff to support the inpatient service at Southland Hospital. In conjunction with Otago Polytechnic, SDHB is currently supporting a number of nursing staff who has been working in the maternity service to obtain midwifery qualifications. They also employ a Lactation Consultant.

Key issues:

Anecdotally there are midwife recruitment and retention difficulties throughout most of New Zealand. The rural areas are particularly vulnerable, so it is important that communities in Southland are able to retain the practitioners they have and attract more into the area.

In September 04, the Health Practitioner Competence Assurance Act came into force. This requires evidence of competency maintenance within their defined scope of practice in order to obtain an annual practicing certificate for health practitioners, including doctors, midwives and nurses. Small providers and self-employed midwives will depend on SDHB to provide opportunities for skill updates and competency development activities.

Lead Maternity Carer Services

Most LMC practitioners are now midwives. GP and obstetrician LMCs require midwifery input into their care, which is hard to find because most midwives in the locality are fully 'booked' and not available to provide 'shared care' with a doctor. LMCs incomes are dictated purely by the market. Each will earn about $1750.00 per woman per whole childbearing episode of care (case). Most manage a caseload of about 40- 50 birthing women per year, but they receive no subsidies for their business costs and are required to be available 24/7 for women and also pay for back up. Out of this income, the midwife needs to run her business including a car, equipment, indemnity insurance etc. They also lose up to $ 950 per woman if she is transferred to secondary maternity care prior to the commencement of labour.

Rural midwives earn considerably less, because of the distances to travel and the low birthing populations in some rural localities, which restricts the local midwives' caseload by about 30 – 35 cases.

Ideally there should be 3 midwives in a locality, 2 LMCs and one to provide part time 'back up' and time out for one of the LMC midwives, which the LMC midwife would have to pay for. In most rural localities in Southland it would be difficult to maintain a viable business for a midwifery practice of 3, as they would require income from about 80-90 birthing women. One strategy used involves employing the midwife and subsidising the salary from Section 88 claims and the Facility payment. This method only seems successful if there is local community ownership of the service and a sufficient birthing population who access the service.

Some communities were provided with a rural subsidy to assist with the shortfall, e.g. Tuatapere and Lumsden. Both these services now have sufficient LMC midwives. Wakatipu Lakes District Hospital, managed by the DHB chose to employ LMC midwives to encourage more women to birth in the facility, while Gore facility and now Winton facility chose to rely on local LMC midwives to bring births into the facility. None of these facilities receive a rural subsidy.

Key issues:

- LMC services struggle to survive in localities where they are not supported by other maternity services.
- If the availability of LMC practitioners is reduced, this will put increased pressure on Southland Hospital to provide the services, increasing birthing volumes at the hospital and reducing options of birthing in rural localities.

Recommended maternity service coverage plan for 2005-10

The following table provides an outline of services that are planned to be provided under the SDHB Strategic plan for Maternity Services 2005 – 2010 in order to meet both the MOH service coverage and meet the needs of the local communities in the SDHB region.

These requirement have been estimated on current and potential volumes of activities, pregnant population density, existing maternity services and the community consultation process carried out from August 2004 to February 2005.

Table 1. Recommended maternity service coverage for the SDHB region 2005 – 2010.

Service coverage requirements for a SDHB regional maternity service 2005 - 2010		
Contractual and/or community requirements	**Service**	**Location**
Secondary maternity services	Southland Hospital maternity referral service	Invercargill
Level 2 neonatal	Southland Hospital neonatal service	Invercargill
Neonatal home care services	Southland Hospital neonatal service	Invercargill
Maternity facility births 600+	Southland Hospital	Invercargill
Rural primary maternity facility in locality with 100 pregnancies more than 60 minutes from the secondary facility	Gore Hospital	Gore
	Lumsden Maternity Unit	Lumsden
	Wakatipu Lakes Hospital	Frankton
Rural primary maternity facility.	Tuatapere Maternity Facility	Tuatapere
	Winton Maternity Facility	Winton
Maintenance of Lead Maternity Carer Services	Associated with Lumsden facility	Lumsden
	Associated with Gore facility	Gore
	Associated with Wakatipu Lakes facility	Wakatipu
	Located to service the Tuatapere and Riverton areas.	Tuatapere and Riverton
	Associated with a Maori health care provider	Invercargill
Pregnancy and parenting programmes for 30% of pregnancies	6 programmes in Gore locality	Gore
	5 programmes in Queenstown locality	Frankton/Queenstown
	2 Programmes in Lumsden locality	Lumsden
	2 Programmes in Tuatapere/Riverton locality	Tuatapere/Riverton
	2 Programmes in Winton locality	Winton
	26 Programmes in Invercargill	Invercargill
	2 Programmes by Maori Providers	Invercargill
	2 Programmes by Home Birth providers	Invercargill

Secondary maternity referral services at Southland Hospital

Secondary maternity services and birthing facility services should remain at Southland Hospital in Invercargill where the bulk of the Southland population resides.

Level 2 neonatal services

This service is also located at Southland Hospital. This is a required service.

Neonatal Home support service

This service is managed through the paediatric service in Southland Hospital. This is a required service.

Primary rural maternity facilities

The strategically located primary maternity facility services at Lumsden, Gore, Winton, Tuatapere and Frankton should be maintained, as each contain sufficient populations of pregnant women to require maternity facilities.

Strategically significant LMC services.

The DHB should ensure access to strategically located LMC services at Lumsden, Gore, Frankton/Queenstown, Tuatapere/Riverton and for a Maori provider in Invercargill.

LMC services are defined as a primary maternity service and funded directly by the Ministry of Health. LMC services in the SDHB region have been more efficiently provided by self-employed or community employed LMCs, rather than the DHB. However, the DHB should ensure there is equitable access to the services throughout the region. Some communities have had difficulty recruiting and maintaining a LMC midwifery workforce. A funding package should be made available to recruit and maintain LMC services in these strategically important areas.

Pregnancy and parenting education programmes

Pregnancy and parenting programmes should be funded to be offered at Lumsden, Gore, Frankton/Queenstown, Tuatapere/Riverton, Winton and in Invercargill including programmes for Maori and women planning to home birth.

There is an expectation of access to these programmes for 30% of pregnant women in the region. Based on birth volumes in 2003/04 of 1372 births, this equates to at least 45 programmes (with an average of 10 attendees per session). The funder arm of the DHB should manage contracts for these services. These contracts should be tendered out by the DHB to community based providers within the region.

Future funding of secondary Maternity Services

Within the term of the Strategic Plan, funding for secondary maternity services will be moving to a cost weighted formula. Using the “WIES 11” NZ modified version of case weight model, with 1.0 caseweight price $2887, the following prices would apply:

Table 3. Estimated prices for hospitalised birth events based on a caseweighted formula.

DRG category	Caseweight	Price for service
Caesarean with very severe complications.	2.463	$7110.70
Caesarean with moderately severe complications.	1.71	$4936.80
Caesarean with no complications.	1.23	$3551.00
Complicated vaginal birth with operative procedure.	0.99	$2858.10
Complicated vaginal birth with no operative procedure.	0.87	$2511.70
Uncomplicated vaginal birth.	0.4	$1154.80

Source: CDHB funding and planning (2004)

In the District Annual Plan (DAP) process this issue will be addressed with the provider of secondary maternity services under the funder-provider relationship. It is anticipated that the cost weight based funding will be capped on the national average.

Summary

SDHB provides a full range of maternity services for its childbearing population of about 1400 women and their babies per year. The bulk of these services are provided in Southland Hospital, including specialist obstetric, anaesthetic and neonatal services and a birthing facility for both complicated and uncomplicated births.

There are a variety of health care providers involved in the delivery of maternity services. The key providers in Southland tend to be Lead Maternity Carer midwives, Obstetricians, Anaesthetists Paediatricians and a number of midwives and nurses who provide the inpatient component of care. Antenatal education is provided mainly through Plunket and Parents Centre, with some maternity rural facilities providing locally based classes. Funding for the all hospital based services

and antenatal education comes from the District Health Board, while the LMC services are funded directly by the Ministry of Health to the individual provider. All services are expected to be provided free of charge to women and babies.

Historically the Southland region had developed a network of community owned health services in strategically located rural towns. Most of these included maternity beds. By 2005, five of these rural maternity facilities are still functioning and provided a birthing venue for over 15% of Southland women in 2003/04.

In order to foster a more collaborative and responsive approach to the provision of maternity services throughout the region, and to ensure women and babies received high quality of care, the SDHB chose to develop a five-year strategic plan to guide the future development of their maternity services. The planning process began with an initial stocktake of service activities and outcomes. It was found that overall, SDHB provided a comprehensive service with a committed workforce in a geographically challenging part of the country where 45% of the population live rurally (Census 2001). The process also identified some specific issues that needed to be addressed in the plan.

These included:

- a paucity of Maori maternity service providers.
- under utilisation of the well located rural facilities.
- workforce recruitment and retention challenges, particularly in rural localities.
- lack of a sense of collaboration between providers to maximise use of resources.
- an unexpectedly high level of operative intervention in women who birthed in Southland Hospital.
- inconsistent service monitoring and reporting processes.

To both maintain the service strengths and address key issues identified during the initial benchmarking phase of the plan, a community consultation process was undertaken and a series of strategies were recommended to form the basis of a plan for the development and maintenance of SDHB maternity services over the next 5 years.

ACKNOWLEDGMENTS

The Project Manager Dr Christine Hendry and Project Sponsors, Christine Miller, Acting General Manager Planning and Funding, and Leanne Samuel, Director of Nursing and Midwifery on behalf of the SDHB, would like to acknowledge the contribution of the Southland community in the development of this plan, which was truly a collaborative process. The key stakeholder group, which was established early in the process, consisted of a wide range of providers, service consumers and their representatives. Many had to travel long distances and gave much of their time to attend advisory meetings in Invercargill.

Key maternity staff and executive management played major roles in advising and supporting the process. Many individual health service providers and SDHB management staff also contributed, particularly during the data-gathering phase and in response to the Draft Plan.

Following completion of the service stocktake and production of a draft strategic plan, 64 written submissions were received from groups and individuals throughout the region, providing feedback and recommendations. A further 101 individuals attended the 5 public consultation meetings held in Invercargill, Gore, Queenstown and Southland Hospital. Their comments and suggestions were also incorporated into the plan.

The project team was impressed by the interest and enthusiasm of the community throughout this planning process and feels confident that the strategic plan will ensure that Southland mothers and babies have improved access to high quality maternity services.

SOUTHLAND'S MATERNITY SERVICES STRATEGY

This section sets out SDHB's strategic vision for maternity services in its District.

Following an extensive process of assessment and public consultation, five goals and 14 initiatives have been developed with the intent of providing a sustainable and clinically appropriate model of maternity services in Southland that meets community needs throughout the region.

The Vision

To provide a sustainable and clinically appropriate model of maternity services in Southland that is responsive to community needs.

Strategic Goals

The goals of this strategy are aimed at improving the health outcomes of mothers and babies in Southland District.
Each goal has specific initiatives; there are 14 initiatives to achieve the five goals.

Strategic Goal 1	Increase access to appropriate maternity services throughout the Southland District
Strategic Goal 2	Enable the community to actively contribute to shaping and monitoring of maternity services.
Strategic Goal 3	Structure and manage services to facilitate continuity of care and achieve optimal outcomes for both mothers and babies.
Strategic Goal 4	Focus on achieving high quality services for mothers and babies throughout the Southland District.
Strategic Goal 5	Improve SDHB maternity service with a planned infrastructure.

The initiatives will be implemented over the next 5-10 years. They involve specific actions, which range from the management of structural changes to the development of systems to monitor and evaluate maternity care outcomes for Southland District.

The assumptions on responsibility and cost outlined against each action point are indicative based on the contents of the strategic plan and will need further development of a business case including option analysis to justify.

STRATEGIC GOAL 1 - INCREASE ACCESS TO APPROPRIATE MATERNITY SERVICES THROUGHOUT SOUTHLAND DISTRICT		
INITIATIVE 1	Support and promote the use of primary birthing facility services in Frankton, Gore, Winton, Lumsden and Tuatapere	- Increase the utilisation of the maternity service at Lakes District Hospital in Frankton. Main activities should center on: - reconfiguring the service to ensure the maternity unit has dedicated staffing when a woman is in the facility, - plans to refurbish the maternity unit to better meet the needs of birthing women and their families, - working with the community to promote the use of the service, - networking with local health professionals, midwives and general practitioners to encourage promotion of the service among local women and more collaboration with pregnancy and parenting programme provider(s).
		Encourage women to birth in the local facility in Gore and manage upcoming facility workforce shortage.
		Support the Waiau Health Trust to put a strategy in place to increase the use of the maternity facility in Tuatapere.
		Southland Hospital should support the increased use of primary facilities, by informing all women booking from outside Invercargill of the option to birth locally.
INITIATIVE 2	Promote and maintain access to lead maternity carer services in the localities of Frankton, Gore, Winton, Lumsden and Tuatapere	Develop a plan for recruitment and retention of LMCs for the Southland region by late 2005.
		As required, develop contracts with providers to manage recruitment, retention and access to LMC services in their locality by early 2006.
		Encourage local women to use the Lead Maternity Carer services provided in their locality.
INITIATIVE 3	Develop a maternity service to meet the needs of Maori.	Meet with local Maori health providers to plan the establishment of maternity services in the region that would better meet the needs of Maori.
		Fund a Maori provider to offer pregnancy and parenting education programmes to their consumers.
		Increase the breast-feeding rate among Maori mothers and improve perinatal outcomes.
INITIATIVE 4	Support women who choose to home birth in Southland.	Fund the Home Birth Association (HBA) in Invercargill to provide pregnancy and parenting education programme for their consumers.
		Investigate ways to support women who choose to home birth.
INITIATIVE 5	Enable a more even distribution of pregnancy and parenting education programmes in the region.	The SDHB funder should manage the contracts and review access with particular reference to the unique needs of their population.
		By early 2006, pregnancy and parenting contracts should be distributed to maximise equity of access in the region.
INITIATIVE 6	Develop strategies to ensure women are aware of their maternity service options and entitlements	Inform the community of maternity service options and ensure that local women are informed about their local maternity service providers.
		All women should know what services they are entitled to and who to contact 24/7 following discharge from a maternity facility.
		Develop a process for ensuring updated information is available on maternity service options and providers for SDHB consumers.
		A brochure on primary birthing options, including home birth, is developed and distributed to all women booking to birth in Southland Hospital.

STRATEGIC GOAL 2 - ENABLE THE COMMUNITY TO ACTIVELY CONTRIBUTE TO SHAPING AND MONITORING OF MATERNITY SERVICES		
INITIATIVE 7	Involve both the consumer and provider communities in monitoring of the implementation, development and evaluation phases of this strategy	Develop a District Health Board wide programme for multidisciplinary involvement in monitoring service inputs and outcomes, and use consumer satisfaction to gauge and inform service development.
		Develop and maintain a maternity services advisory group to inform this process. This group should have representation from both consumers and providers of the service.

STRATEGIC GOAL 3 - STRUCTURE AND MANAGE SERVICES TO FACILITATE CONTINUITY OF CARE AND ACHIEVE OPTIMAL OUTCOMES FOR BOTH MOTHERS AND BABIES		
INITIATIVE 8	Clarify the role of Southland Hospital secondary services for primary maternity providers.	Initiate clear processes for LMCs to access the appropriate consultant directly.
		Establish regular meetings between clinicians, including those from rural localities.
		The secondary service at Southland Hospital should encourage rural women with a healthy pregnancy to birth in their nearest primary maternity facility.
INITIATIVE 9	Develop a programme to reduce the intervention rates at Southland Hospital.	Establish a core group of clinicians to progress a programme to monitor and actively reduce the rates of intervention in childbirth, particularly inductions and operative births.
		Involve the Maternity Advisory Group in monitoring progress.
INITIATIVE 10	Initiate a process to increase the breast-feeding rate among women birthing in Southland Hospital.	All facilities should achieve BFHI accreditation by 2006.
		Encourage collaboration between LMC, facility staff, Plunket, childbirth education providers, La Leche League and other related providers to develop and implement strategies to increase the breast-feeding rates among Southland women.
INITIATIVE 11	Reconfigure the nursing and midwifery staffing at Southland Hospital to better meet the objectives of the strategic plan	Review the configuration of staffing at Southland Hospital to better support the initiatives outlined in the strategic plan.
INITIATIVE 12	All providers should work collaboratively to ensure adequate and appropriate maternity facility staffing and LMC locum cover	A SDHB wide register of staff available and appropriate to provide facility cover for all maternity facilities will be developed.

STRATEGIC GOAL 4 – FOCUS ON ACHIEVING HIGH QUALITY SERVICES FOR MOTHERS AND BABIES THROUGHOUT SOUTHLAND DISTRICT		
INITIATIVE 13	Develop and implement a comprehensive service reporting system to monitor and benchmark service activities and outcomes to ensure the service is safe for both mothers and babies.	All maternity providers should contribute to an integrated service monitoring programme including: - the maintenance of an efficient, reliable, accurate and regular electronic reporting system to measure the impact of service changes on health outcomes for mothers and babies, - development of a process of accountability for service development and outcomes among clinicians, - measurement of service compliance against contracts (including service specifications) and of adherence to payment rules, - reporting of stated service activities, outcomes and costs. - measurement of progress against the progress measures stated in the strategic plan, - development of a process to involve the maternity Advisory Group in a regular review of the monitoring programme and recommendations for actions and - production of an annual report on SDHB maternity activities and outcomes for benchmarking against national and international trends.

STRATEGIC GOAL 5 – IMPROVE SDHB MATERNITY SERVICES WITH A PLANNED INFRASTRUCTURE		
INITIATIVE 14	Develop a service infrastructure to promote improved maternity service integration throughout the whole SDHB.	Develop the role of contract manager to manage and monitor the service contracts and coordinate progress on implementation of the strategy. Key functions of this role would be to: - manage and overview the service contracts, - develop a process of monitoring the implementation and development of the strategic plan with guidance from the Maternity Advisory Group and SDHB clinical advisors, - ensure all service planning, development and monitoring promotes and supports the intent of Section 88 and related maternity service specifications, - promote service options and enable consumer access to the range of services, - measure consumer satisfaction and monitor service utilisation and care outcomes and - develop a programme for communication and collaboration between providers to give feedback on progress of the strategic plan.
		Develop a maternity workforce development, recruitment and retention strategy: - with the objective of achieving economies of scale by increased sharing of resources between the organisations and facilities in the region, - which projects and plans for future workforce needs and - involving Maori for guidance and advice on ensuring access for Maori to appropriate services and participation in service provision.
		Clarify the roles of the Clinical Director of Obstetric Services, the Director of Nursing and Midwifery and the Associate Director of Nursing and Midwifery within the maternity services as a whole in the region.

PHASING OF THE STRATEGIC PLAN FOR MATERNITY SERVICES 2005 - 2010			
	Objectives	**Implementation activities**	**Outcome Indicators**
2005	To manage the implementation of the plan and monitor progress. To advise and inform the process To tighten up business rules and commence the contract monitoring process locally.	**Plan establishment and management** - Employ a maternity contracts manager 0.5 FTE. - Establish a maternity advisory group. - Establish a communication process between maternity service providers. - Establish contract reporting processes and track invoicing for services through SDHB funding.	A contracts manager will be employed (0.5 FTE). A Maternity Advisory group will be established. Providers will have received communication on the process. Business rules will be applied to contract holders.
	To ensure all services are compliant with contracts and Health and Disability Services (Safety) Act 2001 (HDSS Act). . To implement the maternity service coverage plan.	**Service redevelopment activities** - Ensure all providers achieve compliance with service specifications. - Negotiate other maternity contract holders, agreed service activities and outcomes for the following 2 years. - Tender for pregnancy and parenting programmes for the next 3 years. - Negotiate LMC maintenance contracts for strategic locations with local providers.	All contract holders will reach HDSS compliance by mid 2005. Primary birthing volumes will increase to 20% of all SDHB births by 2006. Maori and home birth women will have access to funded pregnancy and parenting programmes. All facilities will have BFHI accreditation by 2006.
	To reduce intervention rates at Southland Hospital To increase access to primary LMC services for the women of Southland.	**Southland Hospital activities** - Establish a programme involving clinicians to manage a process to reduce intervention rates. - Negotiate with access agreement holder LMCs to ensure equity of access to service throughout the SDHB region.	By December 2005 a programme to reduce intervention rates at Southland Hospital will be introduced. Less than 2 women per month will be admitted to Southland Hospital in Labour without an LMC.
	To maximise available rural workforce. To identify workforce gap and plan for consistent coverage.	**Rural primary maternity facilities.** - Collaboratively establish a roster of LMC cover and facility cover for all facilities in the region. - Identify potential recruitment and retention areas. - Link into SDHB wide professional development programme.	By mid 2005 facility providers will have formed a group to progress the workforce development, recruitment and retention strategy.

	Objectives	Implementation and maintenance activities	Outcome Indicators
2005 - 2006	To more effectively meet the needs of women and LMCs requiring guidance and support from secondary service. To meet the maternity care needs of local rural women and focus on building up the services. To provide the services more efficiently and effectively throughout the region.	**Service reorientation** **Southland Hospital** - Midwifery & nursing staffing configurations will be reviewed and reconfigured to best meet initiatives outlined in the strategic plan. - The function of SH as a secondary maternity provider will be clarified with interface providers to best meet theirs and consumers needs. **Lakes District Hospital.** - Service development at Lakes District Hospital will be reconfigured as required to meet the needs of facility users. **Tuatapere facility** - Support the service to promote use. - Support ongoing maintenance of the LMC service. **Maori Providers and consumers** - Establish processes to identify and develop maternity services to better meet their needs.	By late 2005, Southland Hospital will have reviewed their staffing to better support the initiatives outlined in the strategic plan. By mid 2005, the community in Frankton/Queenstown will have formed a service advisory group. By late 2005, the maternity service in Frankton will be focused on facility provision for LMC midwives and women. By mid 2005 the maternity service at Tuatapere will have 3 midwives working in their LMC service. By late 2005, a process will be underway to establish a Maori maternity service in the region.
2006 – 2007	To monitor the maternity service outcomes, both clinical and financial against the planed outcomes. To review progress of the strategic plan	**Service reporting and monitoring** - The SDHB funder will manage all maternity contracts (except Section 88). - One full year worth of contract reporting information will be available for analysis. - The secondary service will produce an annual report on maternity activities and outcomes Service benchmarking against planned outcomes including breast-feeding rates on discharge and on referral to the Wellchild provider.	By mid 2006 a regular perinatal reporting programme is available. By late 2006 an annual report on the maternity service activities: - At least 20% of births occur in primary settings - The induction and caesarean section rates are lower than for the 2003/04 year.
	To ensure practitioner competence and maintenance of current practicing certificates.	Workforce development - A programme for service orientation and competency maintenance will be available to all health practitioners	By early 2006, a competency maintenance programme will be implemented in SDHB region.

	Objectives	Monitoring and evaluation activities	Outcome Indicators
2007 – 2008	To monitor progress of the plan and build in flexibility to meet change in needs. To assess maternity contract management requirements and adjust staffing to suit. To assess progress in achieving service integration and make service activities available to practitioners and the community. To assess progress of the plan and alter to meet new challenges if necessary. To ensure workforce maintenance and competency To maintain focus on increasing primary birthing	**Contract management and monitoring** - Review all contracts 2 years following initial plan development. - Identify adaptations required to the service configuration. - Review reduction in FTE for maternity contracts manager following initial review of contracts. **Service infrastructure** - Review programme of communication and consultation between providers and community over service development activities. **Secondary maternity service activity** - Review implementation of plan to reduce intervention rates. - Set targets for following 2 years. **Workforce recruitment and maintenance** - A SDHB wide roster is available to ensure staff cover for facilities and to provide LMC locum services. - Future workforce needs are projected and plans initiated to recruit or 'grow' future staff. - Monitor maintenance of practicing certificates. **Utilisation of primary locations for birth** - Review implementation of plan to increase use of primary facilities and home birth. - Set targets for following 2 years.	All maternity contracts reviewed and current until 2010. The maternity contracts manager has a renegotiated contract with new targets. An electronic reporting programme is producing quarterly reports on maternity service activities and outcomes. Intervention rates at Southland Hospital are lower than the national average by 2008. All health practitioners in the service are undertaking a professional development and competency maintenance programme by 2007. Primary birthing volumes have increased to more than 20% of all births in the region by 2008.
2009 - 2010	To provide a sustainable and clinically appropriate model of maternity services in Southland that meet community needs in a fiscally prudent manner.	**Maternity strategy monitoring and maintenance** - Contract monitoring and management including regular reporting maintained. - Liaison and communication activities occur DHB wide. - Workforce development programme in place. - Use of Southland Hospital secondary services accessed only on clinical need. - Increased use of primary maternity services in the region. - A facility on call and LMC locum roster is active.	Primary maternity services are accessible to most women in the SDHB within 60 minutes travel time. Intervention rates in childbirth in SDHB are lower than the national average with improved neonatal outcomes. More than 20% of women are birthing in primary maternity settings.

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