



New Zealand Nurses Organisation (Inc.)

Submission to the Ministry of Health

On the

**Proposal to Vary the Section 88
Maternity Services Notice**

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1. Introduction

- 1.1 The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 members. NZNO represents members on a range of employment related and professional issues across the public, private and community sectors. The majority of our members are registered, enrolled and student nurses, and midwives. NZNO has approximately **900 midwife members**, the majority of whom work as employed midwives, either in a core, team or continuity of care/LMC capacity. NZNO also represents a small number of independent LMCs. NZNO has an active midwifery network and midwife delegate support system in major maternity hospitals. These groups have been consulted and provided input into the development of this submission, as have neonatal outreach nurses and primary health care nurses delivering well child health services.
- 1.2 NZNO welcomes the opportunity to comment on the Ministry of Health proposals to vary the Section 88 Maternity Services Notice (the Notice) for Primary Maternity Services. This submission will address only those areas which have been raised by members within NZNO's internal consultation on the proposed changes.

2. Consultation in development of the Proposed Changes

- 2.1 Of particular concern to NZNO members has been the very limited consideration of the flow-on implications for secondary maternity services and well child health providers, and the financial risk for district health boards. NZNO has identified potential and significant problems in
- capacity to deliver, and
 - funding/cost implications for district health boards.

- 2.2 NZNO strongly recommends that
- i) the Ministry of Health, New Zealand Medical Association (NZMA) and the New Zealand College of Midwives (NZCOM) meet urgently with District Health Boards New Zealand (DHBNZ) and well child health providers to address and resolve concerns raised by the proposed changes, and
 - ii) in the future, DHBNZ and other relevant parties are invited to participate in discussions to review the Notice and develop proposals for change.

3 **Key Changes**

3.1 *Definition of a back-up LMC*

NZNO supports the proposed change in definition. This will enable more flexible arrangements and a better work/life balance for LMCs.

3.2 *Organisations ability to hold Notice*

NZNO is concerned about the proposed removal of district health board hospital midwifery services from the Notice. This appears to be an inconsistent policy when primary health organisations are able to hold Notice under the proposed changes. The current base funding to district health boards for maternity provision is inadequate and this change, in addition to the changing demographics and increasing complexity of women requiring maternity services and the reduction in specialists willing to work in private practice, will exacerbate the current poor fiscal situation. Unless there is a significant increase to the current funding formula for district health boards, NZNO cannot support this change to the Notice as it currently stands.

3.3 *Urgent problems*

The proposal to remove the requirement for a LMC to attend a woman in hospital for urgent problems has been the change that has raised significant debate and concerns from NZNO members. Concerns have centred around the potential for this change to

- undermine the philosophy of continuity of carer,
- be detrimental to transfer of relevant clinical information required to safely manage the presenting problem,
- “dump” women thus creating unsustainable workloads for core midwives, and
- shifting the cost of care to secondary/tertiary services without the ability for them to claim for this additional cost.

3.4 *Transfer of care to secondary, tertiary maternity services and specialist neonatal services*

NZNO members seek further clarification around the transfer of care as what is deemed as secondary care is not clearly defined within the Notice. NZNO also believes it important to stipulate that there is an appropriate and comprehensive handover by the LMC to the new service provider.

3.5 *Daily visit required by LMC*

NZNO supports the requirement for LMCs to do a daily visit to inpatients.

3.6 *Scans*

The proposed changes to the scan service specifications have flow-on implications for district health board providers as fewer private radiology services will be eligible to perform the scans and yet district health boards will no longer be able to claim for scans. There are significant implications in the proposed changes including increased workload and costs for district health boards, and potential delays in responsiveness to requisitions. NZNO cannot support the proposed changes because of these implications.

3.7 *Transfer to well child services*

NZNO members (the NZ College of Practice Nurses NZNO, neonatal outreach, Plunket, Maori health provider and other primary health care nurses) fully support the proposed change to a four week transfer to well child services.

4 Conclusion

- 4.1 The proposals for the primary maternity services notice 2007 outlined in the consultation document have significant flow-on implications for other maternity, primary and well child service providers. The proposed changes have been developed without reference to these groups and NZNO concludes that the current proposals should be rejected, and that a multidisciplinary and organisation forum be used to clarify difficulties with the current Notice and debate best solutions, prior to solutions being proposed.

5. Recommendations

The NZNO recommends that

- i) the Ministry of Health, New Zealand Medical Association (NZMA) and the New Zealand College of Midwives (NZCOM) meet urgently with District Health Boards New Zealand (DHBNZ) and well child health providers to address and resolve concerns raised by the proposed changes, and
- ii) in the future, DHBNZ and other relevant parties are invited to participate in discussions to review the Notice and develop proposals for change.