Report of the Petitions Committee

Petition of Kirsten Van Newtown: Save our maternity sector from crisis

February 2022

Contents

Hon Jacqui Dean
Chairperson

Petition of Kirsten Van Newtown

Recommendation

The Petitions Committee has considered the petition of Kirsten Van Newtown—Save our maternity sector from crisis—and recommends that the House take note of its report.

Request regarding the health of pregnant people and babies

The petition was presented to the House on 15 July 2021. It requests:

> That the House of Representatives ask the Government to urgently act to ensure that all pregnant people, parents and babies in Aotearoa have the support they need to thrive, by developing a collaborative Women's Health strategy across the Ministry of Health and the Ministry for Women; and note that 7,576 people have signed an online petition to this effect.

Ms Van Newtown's experiences with pregnancy and birth

Ms Van Newtown told us that she was inspired to start her petition after her experiences around the birth of her third child in February 2021. She went into hospital 10 days before she gave birth. During this time she witnessed the effects of what she believes to be the intense under-resourcing of the maternity sector. She saw appointments with specialists being routinely rebooked or cancelled. She observed that midwives and nurses were "absolutely overworked". She described them as "running from bell to bell … constantly apologising".

Ms Van Newtown particularly recalls being taken into general surgical recovery after having a caesarean section and beginning to haemorrhage. She overheard her care team trying to decide whether she could go back into surgical theatre but concluding that she could not because the surgeon had already left. Ms Van Newtown remembers thinking, "I'm going to be so furious if I die because they just don't have the right staff member in this hospital at this time to save my life". She believes she could have been a casualty of a systemic failure. She wants to ensure that nobody is a casualty of the system failing.

Ms Van Newtown believes her experience was not unique. She cited multiple news reports highlighting similar experiences and stretched maternity services. She described the maternity sector as underfunded and understaffed, "disintegrating under strain". She said that pregnant people, and babies, are endangered as maternity units fill up and are forced to delay necessary medical care.

Areas of special concern

Ms Van Newtown highlighted several areas of particular concern. She believes these concerns demonstrate the need for change in the maternity sector.

Worse outcomes for Māori, Pasifika, and Indian parents and children

Ms Van Newtown cited the fourteenth annual report of the Perinatal and Maternal Mortality Review Committee Te Komiti Arotake Mate Pēpi, Mate Whaea Hoki. It found that Māori,

Pasifika, and Indian birthing parents and babies had worse outcomes than other ethnic groups.[1] She said these inequities urgently need to be addressed.

She noted that Māori and Pasifika have higher rates of preterm delivery, stillbirth, and neonatal death than Pākeha birthing parents.[2] When premature Māori babies survive, they are more likely to experience lifelong illness. Ms Van Newtown believes this is due to inadequate pregnancy and natal care, and notes that it means Māori populations are more likely to experience ongoing and chronic illness.

Pasifika people in New Zealand are most likely to experience severe illness or injury associated with maternity. Ms Van Newtown noted they are more than twice as likely as Pākehā birthing parents to enter intensive care or high dependency units for life-threatening pregnancy complications. She believes this is evidence of inequity in healthcare and a lack of accessible and culturally appropriate maternity care.

Preventable severe maternal morbidity

Severe maternal morbidity describes life-threatening health problems for birthing parents resulting from pregnancy or giving birth. Ms Van Newtown quoted a 2018 report funded by the Health Research Council and the Ministry of Health Manatū Hauora that found that over a third of cases of severe maternal morbidity were potentially preventable.[3] It said the most common factors contributing to these preventable cases of life-threatening illnesses were clinician-related. They included failure to diagnose and treat in a timely and appropriate way.

The report found that only 36 percent of severe maternal morbidity cases were appropriately managed and that 29.5 percent of pregnant people had received substandard care. It noted that Pasifika parents were more than twice as likely to experience severe maternal morbidity, and that substandard care was present in all of these cases. Individual patient factors accounted for only 7.5 percent of preventable severe maternal morbidity for Pasifika parents. Overall, the report concluded that further education for clinicians would provide significant opportunities for reducing preventable severe maternal morbidity.

Maternal mental health

Suicide is the leading cause of maternal death in New Zealand.[4] Ms Van Newtown said that New Zealand's rate of maternal suicide is seven times that of the United Kingdom. Māori appear disproportionately in maternal suicide statistics.[5] She submitted that, despite this, the necessary mental health care for expecting or new parents is not available. She quoted the Perinatal and Maternal Mortality Review Committee: "… no governmental budget has been

1 Health Quality and Safety Commission, Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality and morbidity 2018, 2021.

2 Health Quality and Safety Commission, Seventh Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2011, 2013.

3 Lawton, MacDonald, Stanley, Daniells, and Geller, "Preventability review of severe maternal morbidity", *Acta Obstetrica et Gynecologica Scandinavica* 98:4 pp 515–522, 2019.

4 Health Quality and Safety Commission, Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality and morbidity 2018, 2021.

5 Health Quality and Safety Commission, Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality and morbidity 2018, 2021.

provided specifically to reduce maternal suicide deaths, and investment in maternal wellbeing is limited".[6]

The petitioner's recommendations to improve maternal care

Inquire into women's health issues

Ms Van Newtown believes that women's and gender minorities' health issues generally are not being funded or managed strategically by the Government, and that this is part of what has led to a crisis in the maternity sector. She noted that several other petitions on women's health issues have recently been presented to Parliament. She believes this is evidence that women's health needs are not being met. Because of this, her first recommendation is that the Government launch an urgent inquiry into women, wāhine, trans people, and non-binary people's health and wellbeing.

Develop a women's health strategy

Following the inquiry, she asks that the Government develop a women's health and wellbeing strategy. Ms Van Newtown believes that a women's health strategy is needed to address the crisis in maternal health. She said that the COVID-19 crisis shows it is possible for the Government to respond rapidly and decisively to a crisis, and she asks that the Government take the same approach to women's health.

In creating the strategy, and in the development of health policy generally, Ms Van Newtown asked that the Government ensure that Māori have an equal role in developing health policy, process, and practice. She also asked that the Government ensure that patients can have a voice to ensure that policy changes reflect real-world needs.

Implement expert recommendations and strengthen advisory groups

Ms Van Newtown asks that the Government implement the recommendations from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' 2020 Briefing to Incoming Ministers, as well as the Perinatal and Maternal Mortality Review Committee's recommendations set out in its 14th annual report. She especially noted the importance of creating a system compliant with te Tiriti o Waitangi that is safe for Māori women.

Ms Van Newtown also asked that the role of expert advisory groups like the mortality review committee and the National Maternity Monitoring Group be strengthened and that ongoing funding be guaranteed.

Increase funding to the sector and to patients

Ms Van Newtown asked that the budget for the maternity sector be increased to fill existing gaps and to invest in staff, training, and facilities. She also asked that more funding be allocated to directly supporting pregnant people so that financial barriers to care can be removed. She specifically noted that some pregnant people need additional financial assistance, and co-payments for scans should be eliminated so all maternity care is free.

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6 Health Quality and Safety Commission, Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality and morbidity 2018, 2021.

The petitioner recommends investment in workforce development

Ms Van Newtown also recommended that the Government invest in workforce development. She proposed working with union bodies, including MERAS (the Midwifery Employee Representation and Advisory Service), to address the serious workforce issues the maternity sector is facing. She said these issues include burnout, retention, and remuneration.

Ms Van Newtown also recommended that the Government create more sustainable pathways into the maternity workforce. She particularly asked for targeted support for Māori and Pasifika trainee doctors and midwives, for complex care midwifery, and for staff retention.

We asked Ms Van Newtown what she thought were the key things that needed doing to improve pathways into the maternity workforce. She said that midwives she had talked to said there was no financial support for midwifery students. Trainee midwives must pay fees, attend study, and complete practical contact hours while also working other part-time or full-time jobs to support themselves. Midwifery hours are challenging—midwives are often woken in the middle of the night or required to work through the night to support patients—and midwifery students are not exempt from this. Ms Van Newtown said that, considering the need for midwives and the difficulty of maintaining other jobs while working midwifery hours, the Government should pay people to train as midwives, rather than making them pay to study.

Ms Van Newtown also said that midwifery's low pay and difficult hours led to burnout and retention issues. She said that the under-resourcing of the sector means that midwives work even longer hours and carry large client bases. She said these working conditions put midwives and the birthing parents they are working with in dangerous and precarious situations.

Comments from the Ministry of Health

The Ministry of Health submitted that the maternity sector is complex and challenging. The ministry acknowledged longstanding inequities in birthing parent and infant health outcomes, chronic workforce pressures, and structural barriers to care. It agreed with Ms Van Newtown that coordinated action that is accountable to affected communities is needed. However, it said much has been done in recent years to help address some of these issues.

A priority areas approach rather than a women's health strategy

Ms Van Newtown's petition recommends the development of a women's health strategy. The ministry submitted that it had considered developing such a strategy but had instead recommended to the Government that it focus on developing work in priority areas. It believes that a priority areas approach will be more effective at addressing inequitable health outcomes for disadvantaged groups. It submitted that these groups include Māori people, Pasifika people, and people in some other ethnic groups; disabled people; the rainbow community; and people facing socio-economic or geographical barriers. The ministry noted that its priority areas for women's health are:

- breast and cervical screening
- contraception

- maternity services and maternal mental health
- abortion services
- sexual health
- endometriosis
- surgical mesh.

The ministry aims to improve access to primary and community health to better meet the needs of women.

The ministry also submitted that other government work to improve the economic position of women overall will further assist disadvantaged groups. It noted the work of the Ministry of Women to close the gender pay gap and the Government's extension of paid parental leave.

Workforce development and support initiatives

We were especially interested in hearing what actions the Government has taken to develop and support the maternity workforce.

Midwifery Workforce Accord 2019

The ministry is a partner in the Midwifery Workforce Accord 2019, along with district health boards (DHBs), MERAS, and the New Zealand Nurses Organisation. The ministry told us that the following initiatives were launched from the accord in 2021:

- Te Ara ō Hine, a national programme to provide financial and pastoral support to Māori and Pacific undergraduate midwifery students
- a Midwifery Return to Practice programme to support registered midwives who have taken time out from midwifery
- midwifery coaches based out of district health boards that provide clinical and pastoral support to new midwives, midwives returning to practice, midwives that have recently entered New Zealand from overseas, and other midwives with identified needs.

The ministry submitted that these initiatives would help support and stabilise the midwifery workforce and ensure that the future workforce better represents the birthing population. It also told us that Ministers have explored other initiatives and are always open to suggestions.

Increased remuneration for rural midwives and midwives dealing with complex cases

We asked what else the Government was doing to improve retention in the midwifery workforce. The ministry said it has recently updated the Primary Maternity Services Notice, which sets out terms, services, and fees for community-based primary maternity care providers, to reflect a further $85 million over four years allocated in Budget 2020. The update increases remuneration for midwives dealing with birthing parents who have complex care requirements or live in rural areas.

In developing the update, the ministry said it looked at how payments could better reflect fair and reasonable pay. It was focused on improving equity and providing for complex care. It said that increasing the remuneration for complex cases meant that midwives dealing with these cases could reduce their case load to accommodate the extra time spent on complex

cases, or retain their case load but be remunerated more fairly. Increasing funding for rural midwives would allow them to reduce their case load to make travel time more sustainable. The ministry said it was already hearing that the increase in remuneration was making a noticeable difference.

Increased funding for locum midwives

The ministry said it has increased funding for locum midwives, following a request from the College of Midwives. The need for locum midwives has increased recently, because the COVID-19 pandemic response means midwives may be required to isolate suddenly. The ministry says this initiative has been very successful and funding to the scheme has just been topped up.

Other work addressing Ms Van Newtown's recommendations

The ministry submitted that many other initiatives under way will address Ms Van Newtown's recommendations. It particularly noted that the Government boosted maternity funding by $242 million in Budget 2020.

Maternity Action Plan

The ministry submitted that many of Ms Van Newtown's recommendations have been or will be met by the Maternity Action Plan. It developed the Maternity Action Plan after consultation in 2018. Budget 2020 allocated $35 million to implement the plan. The ministry intends to redevelop the plan under a Tiriti framework over the next two years.

In addition to work already discussed in this report, the ministry submitted that the following work relating to Ms Van Newtown's recommendations has taken place or is under way under the Maternity Action Plan:

- Regarding maternal mental health, the ministry published a stocktake of maternal mental health services that identified areas for improvement in November 2021.
- Regarding the affordability of scans, the Maternity Ultrasound Advisory Group has been reconvened to review and implement its recommendations to improve access, reduce inequities, and increase the quality of community maternity ultrasound services.
- Regarding ensuring that patients have a voice in policy development, the ministry will conduct a regular consumer satisfaction and bereaved parents survey, beginning in late 2021.
- Regarding implementation of the Perinatal and Maternal Mortality Review Committee's recommendations, the ministry intends to develop and implement a bereaved parents' pathway, in line with a recommendation of the committee.

Maternity Quality and Safety Programme

The ministry submitted that a number of Ms Van Newtown's recommendations are also being met through the Maternity Quality and Safety Programme (MQSP). The MQSP is an established work programme across DHBs. It engages with consumers and community stakeholders to improve maternity services. In Budget 2020, the MQSP received $2.2 million to provide full-time coordinators in every DHB.

The ministry said a wide range of initiatives were being taken under the MQSP that would help meet Ms Van Newtown's recommendations. They included implementing recommendations from the Perinatal and Maternal Mortality Review Committee and other expert groups, introducing a range of different assessment tools (such as the Newborn Observation Chart and the Maternity Early Warning System) to help reduce morbidity and mortality for birthing parents and babies, and working to ensure equitable access to contraceptive and mental health services.

The ministry submitted that individual DHBs also have quality improvement projects that draw on consumer feedback.

Health and Disability System Review

The health system is expected to undergo substantial change in the near future as a result of the Health and Disability System Review and the establishment of the new health entities. Ms Van Newtown recommended that the Government ensure that Māori have an equal voice in decision-making and receive culturally appropriate services and that consumers be able to provide input into the system. The ministry submitted that it believes these recommendations will be addressed when the new health entities are established.

Our response to the petition

We thank Ms Van Newtown for drawing this matter to our attention. Ms Van Newtown covered a lot of ground and supplied many ideas in her written and oral submissions. We are especially grateful for her bravery and honesty in sharing her own difficult experiences. We are concerned by her description of the stress the maternity sector is under. We are particularly concerned about the long-term sustainability of the maternity workforce.

We note that the Government has increased funding to the maternity sector. We are pleased by the increase in remuneration for midwives assisting with complex and rural cases. We believe this will make a big difference to retention in areas like Southland, where travel times can be very high.

We are also pleased by the focus on developing the midwifery workforce by increasing support for Māori and Pasifika trainees and for those new to or returning to midwifery. We encourage the Government to consider other ways to support midwifery students.

We acknowledge the wide range of initiatives under way to improve care in the maternity sector. We hope that some of the new tools will soon reduce maternal morbidity and, especially, the inequities in care for Māori, Pasifika, and Indian parents and children.

It is evident from the numerous reports, papers, working groups, and expert committees currently providing advice on the maternity sector that the Government is aware that change is needed in the sector. We hope that its initiatives will bring this change and address Ms Van Newtown's recommendations. We intend to write to the Health Committee to ask it to maintain a watching brief on this issue.

Appendix

Committee procedure

The petition was referred to us on 15 July 2021. We met between 2 September 2021 and 17 February 2022 to consider it. We received written submissions from the petitioner and the Ministry of Health and heard oral evidence from the petitioner and the Ministry of Health.

Committee members

Hon Jacqui Dean (Chairperson)
Rachel Boyack
Dr Liz Craig
Shanan Halbert
Nicole McKee
Todd Muller
Teanau Tuiono

Evidence received

The documents we received as evidence in relation to this petition are available on the Parliament website.