

APPENDIX – MATERNITY SERVICE SURVEY

How was your care during COVID-19 restrictions – Survey Summary

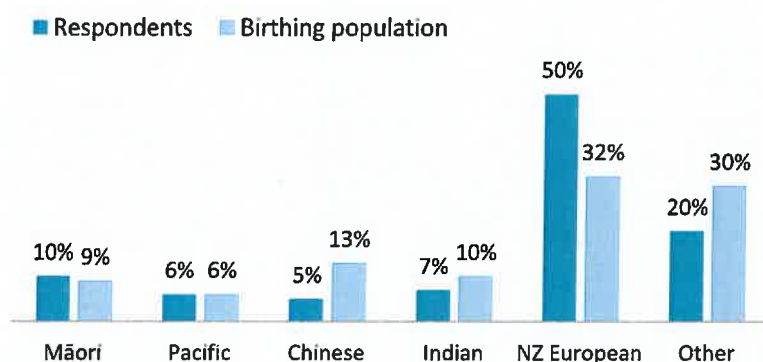
Method

The survey aimed to capture the experience of women who gave birth during the first NZ alert level 4 and 3 restrictions¹. During this period around 890 women gave birth. A survey link was emailed to 653 women who had authorised emails and the other women were contacted via their LMC. 190 surveys were returned giving a 21% response rate.

Respondents

The respondents were evenly split between first time mums and mums who had other children. 63% were aged between 30 and 39. Māori and Pacific women were proportionately represented, but NZ European women were over represented with Chinese and Indian women and women of other ethnicities under represented, this may have been due to language barriers.

Figure 1 Respondents by ethnicity















Survey

The survey was divided in to sections and covered the following areas: access to midwifery care in pregnancy; access to hospital specialists; access to other services; support in hospital; breastfeeding support; hospital experience; length of stay; maternity re-admission and midwifery care at home.

¹ COVID-19 Alert level 4 – 26th of March – 27th of April ; Alert level 3 – 28th of April – 13th of May

Results Summary

 <p>Midwife appointments 87% of women continued to have face to face appointments with their midwife. Although some women would have preferred longer visits.</p> <p><i>"It felt amazing. My partner and I feel that we would not have got through Level 4 lockdown if we could not have seen our midwife face-to-face. She was our lifeline. Without her we would have been completely isolated."</i></p>	 <p>Midwife phone consultations 69% of women had phone consultations with their midwife. Most were OK with this for some of the time, but in general people wanted to see their midwife</p> <p><i>"Good, but it would have been better to have had this in person, as a phone call is not the same in terms of how supported you feel"</i></p>
 <p>Specialist phone consultations 18% of women had a telephone or video consultation with a hospital specialist. Most women said they preferred to stay in their bubble away from the hospital.</p> <p><i>"The phone appointment with the hospital doctor was great, all my questions were answered and I finished the call feeling relieved"</i></p>	 <p>Access to other health Services 24% of women expressed an issue with accessing other services. These services included ultrasound, GP, lactation advice, hearing screening etc. Access to mental health care did not feature significantly.</p> <p><i>"Needed to see the GP for my newborn as he had one eye that wouldn't open, but could only have a virtual consult. Felt uneasy that the GP couldn't see my child to diagnose the problem with thorough investigation."</i></p>
 <p>Place of birth Only 3 women had a homebirth all of these were planned before the level 3 and 4 restrictions were in place. One woman planned a homebirth because of covid but transferred in labour.</p> <p><i>"We planned a homebirth because of Covid 19 but I wasn't against homebirth before so it was an easy decision. Unfortunately the labour did not progress well so we needed to go to hospital. Still the care was extremely good."</i></p>	 <p>Support in Hospital 67% of women felt supported for birth and afterwards in hospital. Most found that the ward staff were helpful but many commented about visiting restrictions.</p> <p><i>"Yes, despite everything that was happening the staff were very supportive. My baby was in SCBU and they assisted me to see him. Provided support with expressing and were kind and compassionate when it was hard having no family able to visit."</i></p>

 <p>Visitor restrictions 53% said their stay would have been better if a support person could have stayed with them</p> <p><i>"I had planned c section and everything was well organised and supported, but afterwards I had no family support. I felt alienated. Depressed and stressed. I cried the whole night. Alone in the ward. Felt like I was a prisoner. No support at all. This whole experience of giving birth was traumatic."</i></p>	 <p>Breastfeeding support 23% of mums felt they needed more support with breastfeeding. Mums were very complimentary about the breastfeeding support they received at Warkworth birthing unit.</p> <p><i>"Yes, the team at the Warkworth birthing unit were great. I wish I would have had the same support at the North Shore hospital with my second child. It would be useful to have someone to ensure the latch is correct at birth, to avoid further complications"</i></p>
 <p>Length of stay 46% of women said they left hospital sooner than they wanted. With over half of these saying that they left early to get support at home. 9% left early due to fear of COVID -19 in the hospital</p> <p><i>"The recovery in hospital without visitors was quite lonely, I missed my family and wanted my partner and older children to also bond with baby"</i></p>	 <p>Better or worse 36% of women said their experience was better than last time, 28% said it was worse. The key reason for being worse was the visiting restrictions.</p> <p><i>"Better. I was in a shared postpartum ward previously and struggled due to the lack of privacy and other mum's family being loud. I had a private room so could recover with baby better."</i></p>
 <p>Readmission to hospital with complications 17% of mothers and or babies were readmitted to the hospital with complications. Most of the mothers believed that this could have been avoided.</p> <p><i>"Both of us were readmitted. Me due to pain from the C-section and baby due to being 8% below her birth weight at 2 weeks old. If we both had received checks like we would normally have or support with feeding I firmly believe baby wouldn't have had any issues with weight gain."</i></p>	 <p>Midwife care at home 80% of women received face to face home visits with their midwife when they went home.</p> <p><i>"Having my midwife come visit me even though it was for a short visit was very reassuring and we could text her whenever we wanted"</i></p>

SUMMARY AND CONSIDERATION FOR FUTURE OUTBREAKS

The survey results were rich with detailed responses, which indicate the importance of this episode in women's lives and how they wanted to share their experiences, both positive and negative.

Overall women reported they received adequate antenatal care and, although they would have preferred more face to face appointments, they were able to adapt to what was offered. Some of the primary health care services and community based tests were harder to access. Most women did not appear to change their place of birth plan.

Most women were happy with the care they received in hospital from our staff. There were some amazing accolades for our staff and the lengths they went to support women and their families despite COVID-19 restrictions.

"The attitude and kindness of the staff, despite everything going on they always took the time to listen to you and provide support. I could hear them talking in the corridor or workstation sometimes and they were positive and supportive to each other as well."

Some women were even able to find positive aspects of the restrictions

"I actually enjoyed the restrictions as I didn't feel pressured to have people at the birth or coming and going when the baby and I are settling."

There was also clear evidence that some women found the restrictions incredibly difficult, and this resulted in heart breaking comments about feeling abandoned, alone and devastated. Some of these women commented that this has had a lasting effect on their or their partners' mental health.

"So so disappointed with our experience and as a result seeking psychologist help to manage the trauma of it."

"My husband missed out this critical experience also meaning his mental health was not the best as a result"

The lack of support people on the postnatal ward was a key factor in early discharge decisions made by women which also resulted in an increased readmission rate.

Any future restrictions on support people should be considered in the light of the harms this causes for postnatal recovery and maternal mental health.

3.2 Update: Consumer Engagement for Facilities project

Recommendations:

The recommendations are that you:

- a) Read the discussion paper
- b) Agree with recommendations from sub-committee:
 - stage of consumer engagement
 - levels of community engagement
 - options for consumer engagement
 - current projects that require consumer engagement

Background

At our last Consumer Council meeting in 2020 it was agreed that a sub-group including, Lorelle George, Insik Kim and David Lui, with Waitakere Healthlink representative Tracy McIntyre meet with David Price and Matthew Knight (Projects Director) to commence the draft of a 'strawman' for community engagement with facilities projects. The aim of the sub-group was to review current projects and identify those that require consumer engagement. In addition, the group was to create a 'scarecrow' document outlining the key principles in determining when and how consumer engagement should progress consistently for future facilities projects. The group above met on the 22nd of December and a 'strawman' document is present for review by the Consumer Council.

The current projects that were identified for future or current consumer representation were:

- NSH Women's Health Clinic Space Refurbishment
- 44 Taharoto Rd refurbishment (Mental Health Clinics)
- NSH Marae
- Community Alcohol and Drugs Service (Sth Auckland) Refurbishment
- Waitakere Hospital Maternity remodelling
- NSH Orthopaedic and Women's Health Outpatients Department Refurbishment
- Waitakere Primary Birthing Unit
- Warkworth healthcare hub

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	Director of Patient Experience	021 715 618	✓

Community Engagement for Facilities Projects

Introduction

Portfolio Investment Committee (PIC) meets monthly to review strategic assessments submitted for consideration of investment. PIC is made up of Executive Leadership Team members – they make decisions on any project below \$500k, the Board is responsible for decisions over \$500k. The decision to progress is either YES or NO or DEFER to a later time.

For those projects endorsed a steering/sponsoring group (SG) is set up with a sponsor who has overall accountability for the budget, benefits and progression of the work. This group has overarching governance of the project.

A user group (UG) is also formed. This group is known as a working group and has different membership to the SG. (See appendix for SG Terms of Reference).

Projects usually fit the following categories:

- Refurbishment – staff or patient areas (or both).
- Rebuild
- Infrastructure (upgrade)
- Replace
- New build

It was determined that infrastructure projects (ie: power supply, roads), replacement projects and refurbishment of staff areas did not require consumer engagement.

Levels of community/consumer engagement

- 1) Update – initial conversation around what projects require consumers should happen with the current group ie Waitakere Healthlinks, Facilities, Dir. of Patient Experience and Lorelle George as a representative of the Consumer Council until the new Community Engagement Advisor is appointed; at which time membership of this group can be reconsidered. Regular updates to Consumer Council, as a standing item on the Agenda to update on progress only.
- 2) Consultation – re: focus groups, community information evenings
- 3) User group member – regularly attends meetings
- 4) Steering group member – regularly attends meetings (governance role)

Consumer Engagement Options

- Consumer Council members – determination of whether they are updated or involved (two separate roles)
- Waitakere Health link Board members
- Waitakere Health link consumers
- LEAC (Lived Experience Advisory Committee) for mental health and addictions projects
- External recruitment of consumers for specific projects

Consumer Involvement – what stage?

It was agreed that **concept stage** is not the right time for consumer involvement – however this is with the exception of projects with specific cultural considerations. Involvement (at the earliest stage possible) from **preliminary design** stage was agreed to be the best time and not too late in the project stage.

For new builds or rebuild projects consumers should be on steering groups and user groups.

For refurbishment of patient areas – consumers should be consulted via focus groups/surveys and/or apart of user groups in the first instance.

RECOMMENDATIONS

- Front of House Design Principles to be developed for all new builds – the principles for front of house design are consistent and would save time in preliminary design stages. (Please note: these design principles can be adjusted as required for each project).
- Advertise early in the new year for consumers to support the Warkworth Project to create new health hub – Waitematā currently have limited representation of consumers in Northern part of the DHB catchment. This recruitment process can also include other options given current gap for this region with Healthlink North disestablished.
- Monthly meeting with this group to regular review current project lists to ensure consumers are included at the right stage and right projects – however this could be a responsibility of new Community Engagement Advisor once in post.
- Training for staff is managed as part of the Community Engagement Advisor role – as it is a gap for Waitematā DHB and having an impact on consumer engagement – as consumers do not always feel valued. Training will enable Project leads to have a better understanding of including and ‘looking after’ consumers on their user/working groups, ensuring a more effective outcome for the project and for the consumers involved.

APPENDIX – SPONSORING GROUP – TERMS OF REFERENCE