

# NW Maternity: Following on from 2014; what will be new?

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Primary and Secondary SCDs  
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# Future focus

- **Working collaboratively with our regional partners**  
to bring a more consistent approach to maternity care across greater Auckland
  - Example: regionally agreed indications for IOL.
  - Much work is currently being done in producing a report which outlines the critical areas of focus for ADHB-WDHB to ensure we best meet the maternity needs of our populations over the next 10 years.

# Primary Goal

- To achieve high value for our patients -

$$\text{Value} = \frac{\text{measurable outcomes} + \text{consumer experience of care}}{\text{cost of delivering that care}}$$

- Shifting focus from process of care and outcomes of care to include *what is valued by our patients.*

# Progress to date

- Fledgling progress to date includes a new leadership and governance structure :
  1. Designed to ensure a more integrated approach to delivering care that takes account of quality, timeliness and cost of care delivery
  2. Better integrates the consumer voice into our governance systems
  3. Focuses on patient valued outcomes
- “5 minute MOS”: an example of how consumer valued care can spread through our services

# Update on primary maternity

- **MOS**
- **Turning the spotlight out to the community**

Addressing inequalities in health outcomes particularly for Māori Pacific and some Asian + teenagers

- **Hubs** : Counselling, social work, GPs, Physios, Drop in, Scanning, LC. Wellchild. Glen Innes (Ngati Whatua) & Mt. Roskill & Avondale
- **Māori Team**
- **Smoking incentives \$300**
- **Early registration. Transition to LMC**
- **Multi newborn enrolment process (regional)**
  - GP
  - Well child provider
  - Oral Health
  - NIR
  - BCG
  - Hearing screening
- **Primary Birthing**
- **Breastfeeding** continues to be >78 % (target is 75%) @ discharge and includes 36/40