Access Holders in Women's Health (NWH)

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CONTENTS

1. Introduction
2. Definitions
3. Bookings
    a. LMC responsibilities
    b. NWH responsibilities
4. Transfers and admissions
    a. LMC responsibilities
    b. NWH responsibilities
5. Obstetric specialist consultation
    a. Consultation
    b. LMC responsibility
    c. Telephone advice
    d. Handover of clinical responsibility to NWH
    e. NWH communication with an absent LMC
    f. Hand back of clinical responsibility
    g. Post-handover midwifery care options
6. Post-natal care provision
    a. Principles of post natal care
    b. Preparing women for postnatal transfer or discharge - guideline
    c. Postnatal Category 1 – Early postnatal discharge
    d. Postnatal Category 2 – Late discharge
    e. LMC responsibilities
    f. NWH responsibilities
    g. Babies with special needs
    h. Women requiring follow up with NWH secondary service
    i. Responsibilities of the NWH & Independent Practitioners when sharing postnatal care – chart
7. Associated documents

1. Introduction

This policy is for NWH Maternity Service clinicians and Self-employed Practitioners with a current Access Agreement.

The policy documents administrative requirements when obtaining and maintaining and access agreement and the procedures for booking women at NWH, transfer and admissions to NWH, Obstetric specialist consultation and postnatal care provision

Back to Contents

2. Definitions

Term	Definition
ADHB	Auckland District Health Board of which National Women's Health (NWH) provides Maternity, Newborn, and Gynaecological services.
NWH Clinician	An Obstetric Specialist, Registrar, House Surgeon, Midwife or Nurse employed by and working for NWH.
Self-employed Practitioner	An Obstetric Specialist, General Practitioner or Midwife neither employed by, nor working for, NWH.
Dually Employed Practitioners	Some professionals have dual contracts of employment; i.e. concurrently with both NWH and private clients. For clarity in the application of this policy; when dually employed professionals are, at the relevant time, working for NWH they will be regarded as NWH clinicians and when they are working for women in an independent or private capacity they will be regarded as Independent Practitioners.
Lead Maternity Carer (LMC)	The practitioner selected by the woman to provide her with maternity services as defined by the Ministry of Health, Section 88 of the Health and Disability Act 2002.
LMC Partner	Refers to the maternity practitioner or service engaged by the LMC to provide particular services.
Available	Refers to present or in close contact so as to be clinically effective and fully informed of care required or being given.
Consultation	The process by which the woman's maternity caregiver seeks the professional clinical opinion of an (NWH or non-NWH) obstetric specialist.
Hand Over	The passing of clinical responsibility from one LMC to NWH secondary or tertiary service.
Hand Back	The return of clinical responsibility to the original LMC following a period of time where that responsibility was handed over to NWH.
Transfer	The physical change of location from one area or place to another.

Back to Contents

3. Requirements for obtaining an access agreement

a/ Confidentiality of Patient information
Sign the Patient Confidentiality form.

b/Vulnerable Childrens Act –Police vetting
Provide evidence of the police vetting. Every 3 years you will be required to submit further evidence of your police vetting

c/ Health and safety
Attend the Health and Safety orientation.
Attend specified training such as safer patient handling

4. Use of ADHB computers and systems

a/ When you are given an access agreement at National Women's you will be given passwords which will give you access to ADHB clinical systems.

You must not use your access to view your own patient information or that of your family and friends. ADHB computer systems are audited regularly and if it is found that you have viewed information that you are not entitled to, this will result in disciplinary action and may result in your access agreement being revoked.

b/ You are able to apply for citrix access which will allow you to access the clinical computer systems from home.

c/ You are able to request to use Healthware as your electronic record. You must follow the required data entry practices. As Healthware is an ADHB owned database, if women request a copy of their notes they will receive the notes from Healthware which you will have completed

5. Bookings

a. LMC responsibilities

To make bookings at NWH the Lead Maternity Carer (LMC) must hold a current Access Agreement with National Women's Health (NWH).

The following forms are to be completed in detail by the LMC:

- Booking form/antenatal record CR3831
- Obstetric history CR8765
- Registration/Admission form CR001

Booking applications for women who are planning to birth at NWH or at Birthcare are to be sent to the Private Booking Clerk (fax 6380492) as soon as possible following the woman's selection of her LMC and the completion of baseline screening investigations, (preferably) by 18 weeks gestation.

Subsequent health status changes (including pregnancy loss) and/or hand over of LMC responsibility are to be communicated via fax or letter to NWH Booking Clerk by the LMC at the earliest opportunity.

Back to Contents

Post **all three forms** to:
Private Bookings
Private Bag 92-189
Cornwall Complex
Greenlane Site, Epsom. Ext 26439

Alternatively fax to:
ADHB Central Referrals Office
ATTN Private Maternity Bookings
Fax 6380402

Registration/Admission form CR0001
This form is legally binding and so the woman's signature MUST be provided.
The GP name and address must also be provided.

Booking form/antenatal record CR3831
Obstetric history CR8765
These forms must be completed fully including the following fields:

- Maternity Consultation before 13 weeks. This is visits to a GP or LMC.
- Name of LMC
- LMP if known - Please inform us whether this date is **SURE** or **UNSURE** as it affects **mandatory** data entry.
- Please check whether an early dating scan has been performed and if so provide the date of scan, gestation and scan EDD.
- If known please tell us where this scan was performed.
- Accurate height, weight and ethnicity so that an **ACCURATE**, customised GROW chart can be generated electronically and used during pregnancy.
- Previous baby's birth dates and gestations (being as exact as possible), outcomes and birth weights in grams. These will all affect your GROW chart if inaccurate.
- (For women who have previously birthed at National Women's it is likely, but not a given, that this information will already be available to us on Healthware with accurate birth weights and exact gestations. It may therefore be that the GROW chart generated on Healthware for your women differs to yours if a different history has been taken at booking).
- For terminations and miscarriages please provide as a minimum the year and then the month that this occurred if this is known
- Need for interpreter

Referral Forms All referral forms can be found on the NW website http://nationalwomenshealth.adhb.govt.nz

- Secondary referral consultation form
- PBAC referral form

When referring to PBAC clinic please ensure your referral is sent as early as possible to secure an appointment before 25wks gestation. Be aware that clinics are often fully booked. Unfortunately we are unable to see women for their first consultation in PBAC

clinic who are over 25wks. The PBAC clinic is not just for women who have already decided on a VBAC. All women with a history of previous Caesarean birth are welcome

● Post-term virtual consult form
Ensure that your client is suitable and that all of the eligibility criteria on the form are met. Consider the eligibility criteria at 36 to 37 weeks and if not eligible please refer immediately using the secondary referral form and a face to face appointment will be made at an appropriate gestation. This will avoid the need for assessment at short notice in a clinically risky post dates situation.
For all post dates referrals we require the earliest scan available and a 41wk postdates assessment scan. We also require ALL growth scans in the pregnancy

b. NWH responsibilities

When the booking information is legible and complete the above forms will be processed and notification sent to the woman advising her that her booking at NWH has been confirmed.

Back to Contents

6. Transfers and admissions

a. LMC responsibilities

When a woman needs to be transferred and/or admitted to NWH for secondary or tertiary care the transferring Lead Maternity Carer (LMC) is to consult with the Obstetric team or a non-NWH obstetric specialist regarding the possibility of changing the location of maternity care to NWH and the clinical indications for transfer.

As part of the consultation regarding transfer, the obstetric specialist (or delegated registrar) is to propose an interim plan of care to cover the time up until the woman can be seen and assessed at NWH.

The transferring LMC is responsible for informing the woman of the proposed interim plan of care and seeking her consent to transfer to NWH premises.

The transferring LMC is to inform the ward of the woman's name and National Health Identification (NHI) number and the name of the consulted obstetric specialist if the specialist is not employed by ADHB.
Following telephone communication with NWH, clinical information regarding a transfer must be faxed to the admitting ward or notes must accompany the woman.

The transferring LMC is responsible for the woman's care, including the arranging of her safe transport, up until the time she arrives at NWH. The LMC may accompany the woman on her admission to NWH.

Where the LMC does not accompany the woman for admission and/or provide intra-/post-transfer care, he/she is to verbally hand over clinical responsibility to NWH in

accordance with this policy. The Self-employed Practitioners must have a current National Women's Health Access Agreement to provide care in NWH.

All women transferred to NWH are to have their clinical data entered in the Maternity database, by the Ward Clerk. Self-employed Practitioners are to provide NWH with the required data to complete the Maternity database.

Back to Contents

b. NWH responsibilities

If the woman consents to transfer, the obstetric specialist (or delegated registrar) is to contact the Clinical Charge Midwife to notify her of the imminent transfer, interim arrangements for care including transport, medical and midwifery responsibilities.

The Duty Manager is to allocate the ward/unit and the ward/unit of the expected admission.

Back to Contents

7. Obstetric specialist consultation

a. Consultation

The Self-employed Practitioner is to consult with the NWH obstetric team in a timely manner according to, and not endangering, the clinical status of the woman or baby and in accordance with the Guidelines for Referral to Obstetric and Related Specialist Medical Services 2002.

When the Self-employed Practitioner seeks consultation, he/she has a responsibility to convey and/or make available all relevant clinical information to the obstetric specialist.

- **In Clinic:** Referrals to clinic are to be made on form CR3509 and faxed or posted to the appropriate clinic

- **In Women's Assessment Unit (WAU):**

A phone call must be made to the WAU clinician on call via the Referrals phone 021942708. This is to be followed by a written referral with all relevant Obstetric history if the LMC is not accompanying the woman into WAU.

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Back to Contents

b. LMC responsibility/communication

Based upon the information the members of the NWH team receive from the Self-employed Practitioners, the NWH practitioner is responsible only for the opinion he/she gives, not for the woman's subsequent care unless hand over of clinical responsibility to NWH occurs.

The Self-employed Practitioner is solely responsible for his/her clinical decisions and actions following consultation with an NWH obstetric specialist or delegated Registrar.

The opinion of the consulted team is to include his/her recommendations regarding clinical management, clinical responsibility, who provides subsequent care and indications for, and/or timing of, further consultations.

Where the consulted team member sees the woman in person, he/she is to document his/her opinion in the woman's clinical record and a telephone call or letter to her LMC.

The Lead Maternity Carer (LMC) has the legal, professional and practical responsibility for ensuring the woman and her baby are given safe and clinically appropriate care unless and until handover to another LMC or to the secondary and tertiary services occurs.

Where clinical responsibility for the woman transfers to Secondary Maternity after Established Labour, the LMC may continue to be available to care for the woman (except where this is unreasonable because of lengthy labour or because the LMC has accompanied the woman by air/road ambulance and the LMC needs to return on this ambulance).

On handover of clinical responsibility the original LMC is to provide documentation and (where possible) verbal information regarding the woman's gynaecological and obstetric history, her pregnancy, labour and post partum period (as applicable) for NWH. Documented information is to include the current management/care plan.

Irrespective of where the consultation opinion is documented, the woman's LMC must be informed of the consultation opinion via written and/or as indicated, telephone communication.

Back to Contents

c. Telephone or corridor advice

Where the obstetric specialist or delegated Registrar gives a consultation opinion over the telephone or in the corridor, it is required that he/she briefly document the information he/she was given by the Self-employed Practitioner and the advice given to the LMC including whether handover of clinical responsibility was recommended.

d. Handover of clinical responsibility to NWH

Should the consultation advice of an obstetric specialist be that handover of clinical responsibility to NWH is necessary or where an LMC wishes to handover to NWH, each handover (and hand back) must be conducted with the woman's knowledge and consent. Each handover of clinical responsibility must involve a three way conversation with the woman, LMC and obstetric specialist and must be documented in the woman's clinical record. The appropriate sticker must be used.

e. Communication with an absent LMC

Where the woman has been seen by a NWH clinician and consents to handover of clinical responsibility and the LMC is not present, the NWH obstetric specialist (or delegated registrar) is to telephone the LMC to discuss handover and (preferably) obtain his/her agreement to it. The outcome of this conversation is to be documented in the woman's clinical record

Back to Contents

f. Post handover midwifery care options

The 3 post handover care options for Self-employed Midwives:

- Continue providing midwifery care in collaboration with the NWH team
- Handover midwifery care to NWH team and remain in the facility as a support person to the woman
- Handover midwifery care to NWH team and leave the facility

Back to Contents

g. Hand back of clinical responsibility

Where there has been a handover of clinical responsibility to NWH, it will be handed back to the woman's original LMC at the first reasonable opportunity as decided in discussion between the NWH obstetric specialist (or delegated registrar), the original LMC and the woman. This is to be documented in the woman's clinical record. The appropriate sticker must be used. If the woman is still in the hospital post hand back, the LMC is responsible for daily postnatal visits and communication with the NWH team if any further team involvement is required.

Back to Contents

8. Post-natal care provision

a. Principles of post natal care

- Provision of postnatal care is woman and baby centered
- Principles of Informed Choice and Informed Consent are upheld
- Women and their LMCs prepare well in advance for postnatal transfer or discharge
- Well women with well babies will be transferred to Birthcare for their postnatal stay
- Woman's LMC is responsible for the care he/she provides and for ensuring the woman and her baby are given safe and clinically appropriate care.
- LMC develops the postnatal management/care plan with the woman
- NWH staff involved in providing (some or all) of the woman's midwifery postnatal care, will implement her management/care plan

- NWH staff and Self-employed Practitioners sharing postnatal care, work collaboratively and communicatively for the common good of the woman and her baby
- Women choosing to breastfeed will be given as much support as needed. It is not appropriate to offer artificial formula or pacifiers to babies whose mothers have chosen to breastfeed
- All LMCs will ensure that the Principles of Baby Friendly Hospital are being adhered to

Back to Contents

b. Preparing women for postnatal transfer or discharge – guideline

The LMC is responsible for:

- Supplying relevant clinical information, including reasons for any intervention and plan for future births
- Facilitating the woman's postnatal transfer or discharge and preparation for the early postnatal period in the following areas:
- Infant feeding information and preparatory skills
- Early parenthood skills (keeping baby fed, dry and warm and being able to identify when the baby is unwell)
- Possible postnatal depression
- Contraception
- Information about transport home including car seat
- Information about community and emergency support services
- Following the written directions from NWH and Birthcare which details transfer arrangements and conditions for women who are planning to use Birthcare for their postnatal stay

Back to Contents

c. Postnatal Category 1 – Early postnatal discharge

Refer to Discharge 12 hours postpartum Clinical Guideline

Early postnatal discharge from NWH is for women who are receiving postnatal care in their homes or in another maternity facility.

These women are to be cared for in their birthing rooms in the Labour & Birthing Suite (subject to the availability of rooms) until their departure. It is expected that women will be discharged home or to another maternity facility within 4 hours following delivery of the placenta.

If the health status of the woman or her baby contraindicates discharge within 24 hours, they are to be admitted to a NWH in-patient facility (i.e. A Maternity Services ward and/or Newborn Services unit.) Subsequently, the woman will receive her inpatient postnatal care within NWH and be discharged to her home from NWH.

If the woman's baby is admitted to a Newborn Services unit, the baby's discharge will occur in accordance with Newborn Services protocols.

For women and babies who will be discharged from the Labour and Birthing Suite, the Independent Practitioner is responsible for coordinating the following activities until early discharge is completed:

- Observing and monitoring the health status of the woman and her baby
- Providing care for the woman and her baby according to their needs
- Assisting the woman and her baby with initial infant feed(s)
- Providing updated information for NWH clinical records and computer database

The NWH Midwife in charge of the Labour and Birthing Suite is to be informed if the pre-discharge care is delegated by the LMC to a subcontracted caregiver partner or self employed Midwife.

If an Self-employed Practitioner wishes to leave the facility prior to the discharge of the woman and her baby, provided she has fulfilled her duty of care under Section 88 in the two hours following delivery of the placenta, she is to liaise with the NWH midwife in charge of the unit to ensure appropriate arrangements are made to provide care in her absence.

The NWH midwife reserves the right to decline a request from a LMC to leave the facility prior to 2 hours following delivery of the placenta if the safe care of women and their babies awaiting discharge could be compromised (e.g. short of staff) Women and babies being discharged from NWH Labour & Birthing Suite to another Maternity facility are to be transported to their destinations in privately owned vehicles.

Back to Contents

d. Postnatal Category 2 – Late discharge

Women or babies experiencing clinical or psychological problems or who are socially at risk thus necessitating more inpatient postnatal care at NWH are to be discharged home when they no longer require postnatal inpatient care.

Examples of situations where women may require longer postnatal inpatient care are:

- Post-operative recovery
- Ongoing medical problems
- Psychological problems
- Breastfeeding difficulties
- Geographical isolation
- babies with special needs
- Mothercraft/attachment

Back to Contents

e. LMC responsibilities

After birth the LMC (or subcontracted midwife) is to:

- Assist the woman with the initial infant feed(s) and document the outcome of the feed(s) and subsequent infant feeding plan
- Assist with personal hygiene of the woman and baby
- Provide clinical examination of the baby
- Ensure the baby has two ID bracelets
- Ensure the baby is warmly clad
- Complete and document postnatal observations
- Document further observations required by National Women's

For all postnatal women and babies the LMC (or subcontracted midwife) is responsible for updating the NWH clinical records prior to leaving Labour and Birthing Suite.

The LMC (or subcontracted midwife) is to escort the woman and baby to the ward and introduce the woman to the NWH staff member assigned to their care.

The LMC (or subcontracted midwife) is to provide the NWH caregiver with the following:

- A verbal synopsis of the antenatal, labour / birth and post partum events and outcomes

Postnatal home care provision (i.e. NWH or Self-employed Midwife)

The Self-employed Practitioner is responsible for the management and co-ordination of the in-patient postnatal care of the woman and her baby.

This is to include (as indicated):

- Prescribing of medications and vaccinations
- Clinical assessments and examinations
- Investigative screening (e.g. Newborn Metabolic Screen)
- Referrals for consultation according to the Ministry of Health Guidelines for referral to Obstetric and Related Medical Specialist Services
- Provision of information and education for the woman
- Updating documentation of management/care plan and clinical records
- Discharge planning including subcontracted home care midwifery arrangements if required

It is the responsibility of the LMC to visit in-patient women and babies regularly and according to clinical need to:

- Assess their health and well-being
- Update management/care plans and progress documentation at each postnatal visit

- Assess fitness for discharge to receive postnatal care in their home
- Communicate with the NWH caregiver assigned to their care if clinically indicated

Where the woman's care has been Handed Over to NWH, NWH is responsible for providing the entire woman's secondary care until discharge.

Responsibility for the woman's primary care will be handed back to the original LMC as soon as clinically appropriate. In most situations, this will be within 24 hours post birth.

The Self-employed Practitioner is to be contactable by phone or locator 24 hours a day to discuss (when it is clinically indicated) with the NWH caregiver the management of all women and babies for whom they are responsible.

The non NWH LMC is to be available to attend the woman whenever the need arises. Whenever reasonably possible, the Practitioner should be able to attend as soon as possible, or in an agreement with NW, about a reasonable time after being notified of the need to attend a woman.

Back to Contents

f. NWH responsibilities

NWH Postnatal Services will provide the following care of postnatal women and babies for whom Self-employed Practitioners are responsible, in accordance with Facility and Secondary/ Tertiary Service Specifications and the management/care plan:

- 24 hour midwifery and nursing cover
- Observation and monitoring
- Assistance with infant feeding, early parenthood skills and personal hygiene
- Emergency care (as indicated)

Role of NWH caregivers:

- Implement the postnatal / care plans documented by Self-employed Practitioners
- Document in the women's/baby's clinical records all care provision and outcomes
- Discuss the care plan with the LMC when this is clinically indicated
- Inform the Self-employed Practitioners of adverse changes in the health and well-being of their patients at the earliest opportunity
- Request Self-employed Practitioners to attend the woman/baby when this is clinically indicated

Back to Contents

g. Babies with special needs

Women whose babies require care from Newborn Services will be cared for in a maternity ward until discharge.

h. Women requiring follow up with NWH secondary service

NWH is responsible for arranging follow up to clinic for women who have had a third or fourth degree tear.

Back to Contents

9. Associated documents

- Section 88 of the NZ Public Health and Disability Act 2000
- Maternity Facility Access Agreement
- DHB Primary Maternity Service Specification
- Secondary Service Specification
- Tertiary Service Specification
- MOH Guidelines for referral to Obstetric and Related Specialist Medical Services

Back to Contents