AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Chief Executive's Office
Level 12
Building 1
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz

11th February 2020

[redacted]

Re: Official Information Act request – Maternity services/access agreements

I refer to your Official Information Act request dated 15 December 2020 requesting the following information:

1. **Copies of any correspondence received by the DHB regarding the "pause" on granting new access agreements to private obstetricians/the fact new access agreements have not been granted, and copies of any response.**

2. **Copies of any correspondence with private obstetrician practices/groups/providers regarding planned caesarean section rates.**

Response Question 1:

2 April 2020, a meeting was held with an SMO who requested an Obstetric Access Agreement. A copy of the e-mail exchange that followed that meeting is attached (Attachment 1).

17 June 2020, a meeting was held with an SMO who requested an Obstetric Access Agreement. A copy of the e-mail exchange that followed that meeting is attached (Attachment 2).

A meeting was held on Monday 2 November 2020, with representatives of the Obstetric Access Holders. The draft minutes of that meeting are attached (Attachment 3, 3a and 3b).

Attached is correspondence from December 2020 between Auckland DHB and representatives of Private Obstetric Access Holders that followed the NZ Herald article (Attachment 4)

Response Question 2:

During the Covid19 Pandemic Response the requests for elective caesareans were reviewed. Letters were sent to Obstetricians where there was no clinical indication for the caesarean section (Attachments 5a-h)

In June 2020, correspondence was sent regarding the review of elective Caesarean Sections (Attachment 6). Further correspondence with private obstetricians resulted (Attachment 7)

In addition, the attached dashboards (Attachments 8-11) have been shared at regular SMO meetings with the Senior Medical Officers who work at Auckland DHB. Currently there are three main Obstetric Practices (Auckland Obstetric Centre, Birthright and Origins). These Practices care for the majority of women under private obstetric care at Auckland City Hospital. The clinical leads for these Practices and the majority of the SMOs within these practices are also employees of Auckland DHB. In addition, the intervention rates for public and private LMCs have been shared with private and public SMOs (Attachment 12 and 13).

Minutes for the Private Obstetric Governance Group meetings are attached. These minutes outline discussions on intervention rates and Obstetric Access Agreements (Attachments 14-17)

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

Ailsa Claire, OBE
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Rob Sherwin (ADHB)

From: Rob Sherwin (ADHB)
Sent: Friday, 17 April 2020 15:01
To: 'Louise Tomlinson'
Cc: Jenny McDougall (ADHB)
Subject: RE: Meeting on 2nd April 2020.

Hi Louise,
Thank you for your e-mail. In our discussion I stated that at National Women's Health, we have very good neonatal outcomes, but we also have very high intervention rates. I stated that I have shared granular outcome and intervention rate data with our SMO group and that COVID pandemic permitting, we intend to meet with independent LMCs to discuss group and individual intervention rates. Until this work is completed, all new applications for Obstetric Access Agreements are on hold.

As per Section 88 of the Notice, we can grant you a primary access agreement. We will then need to agree how you will handover when secondary care is required. I understand that we have progressed a casual work contract for you to support the ADHB public service if required and yes, I have heard very positive comments about your clinical practice.

Please let me know if you want me to progress a primary access agreement?

With thanks and best wishes
Rob

From: Louise Tomlinson [redacted]
Sent: Tuesday, 07 April 2020 5:36 p.m.
To: Rob Sherwin (ADHB)
Cc: Jenny McDougall (ADHB)
Subject: Meeting on 2nd April 2020.

Dear Rob,

Thank you very much for meeting with me on the 2nd April 2020 to discuss my request for a secondary care access agreement at ADHB.

I appreciate the extreme pressure you are under during the COVID crisis.

I would like to clarify our discussion which included:

- You expressed your deep concern regarding the use of theatres by private obstetricians for indications that you consider do not reflect good evidence based practice. In order to reduce the use of the obstetric theatres by the private sector, you have made a decision to decline any further secondary care access agreements to private obstetricians.
- You are happy to grant me a primary care access agreement to practice at the level of our midwifery colleagues but require me to hand over care to the team on call if a patient were to require an instrumental delivery or caesarean section.
- You stated this decision was not a personal one and have no concerns with my personal practice in obstetrics, and you accepted my offer to assist over the COVID crisis in your department at Auckland Hospital as required.

I am passionate about women's health, both in obstetrics and urogynaecology. I am very aware of the potential consequence of our rising caesarean section rates. Over many years, I have been an advocate of vaginal birth, giving considerable education on perineal trauma and am very aware of the impact and implications on women's physical and psychological well-being after traumatic vaginal birth.

I hope that you will reconsider my application to work alongside the DHB and provide evidence- based care to our women of Auckland.

Yours sincerely,

Dr Louise Tomlinson

Verbena Miller-Whippy (ADHB)

From: Rob Sherwin (ADHB)
Sent: Tuesday, 23 June 2020 17:16
To: Richard Pole (ADHB)
Subject: RE: application for ADHB access agreement

Dear Richard,

Thank you for your e-mail and for meeting with me on Wednesday 17th June. It's great to hear that you have successfully settled into your SMO role and your focus now is on completing your sub-speciality MFM training.

Looking to next year you discussed your wish to start private medical practice and have applied for an Obstetric Access Agreement. As we discussed, National Women's Health have good neonatal outcomes, but we also have very high intervention rates. At our SMO group meetings I have shared granular outcome and intervention rate data. In due course, I'd like to meet with independent LMCs to discuss group and individual intervention rates and see if it is possible to reduce unwarranted interventions. Until this work is completed, all new applications for Obstetric Access Agreements are on hold.

Thank you for sharing your view that you could be part of a solution to reduce unwarranted interventions for private patients. I would be very happy to meet with you later this year to discuss this further.

With thanks and best wishes
Rob

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
Auckland District Health Board
[redacted]

From: Marjet Pot (ADHB)
Sent: Tuesday, 02 June 2020 7:40 p.m.
To: Richard Pole (ADHB); Rob Sherwin (ADHB)
Subject: FW: application for ADHB access agreement

Hi Richard

The issuing of access agreement to obstetricians needs the approval of Rob Sherwin before I can issue it, therefore I have forwarded this email to him.

Nga mihi

Marjet

From: Richard Pole (ADHB)
Sent: Tuesday, 2 June 2020 7:09 p.m.
To: Marjet Pot (ADHB)
Subject: application for ADHB access agreement

dear marjet,

I would like to apply for an access agreement. I understand you are the correct person to email regarding this request?

my situation is that I am currently employed 1.0 FTE with ADHB. I am anticipating commencing a small private obstetric workload in early 2021 and in anticipation of this I would like to commence the application process for an ADHB access

agreement. I am not sure what the application process entails. I have attached my current APC from the MCNZ and my indemnity insurance certificate from MPS.

I look forward to hearing from you.

kind regards

Richard.

Richard Pole
Obstetric Consultant | National Womens Health
Ph: 09 307 4949 Ext: 25918 | rpole@adhb.govt.nz
Auckland District Health Board | Level 10 | Building 1 | Auckland City Hospital

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Women's Health
Obstetric Access Holders Meeting
MINUTES

Date meeting: Monday 02 November 2020
Time of Meeting: 5:30pm – 7:00pm
Venue: Meeting Room 92066, Level 9, Support Building, ACH

Present: **Auckland DHB:** Rob Sherwin (Chair), Jenny McDougall, Deb Pittam, Lynn Sadler
Obstetric Access Holders: Astrid Budden; Kira Brent; Elizabeth Curr; Sylvia Rosevear

Items for discussion

No.	Item	Discussion
1	[redacted]	[redacted]
2	[redacted]	[redacted]

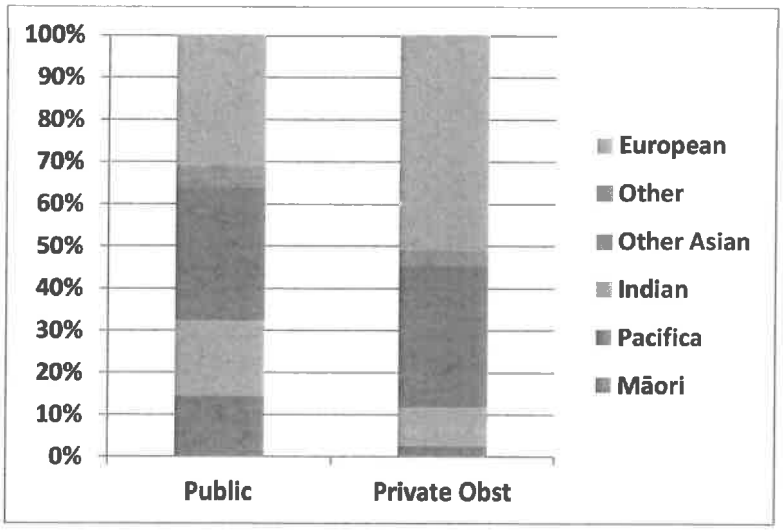
Items for discussion		
No.	**Item**	**Discussion**
3	Maternity Outcome Data	The private obstetric and public outcome data was reviewed by Lynn Sadler (***Attachment 1***). Prior to the meeting there had been a request for data on the age ranges of standard primipara for public and private groups. Lynn presented the outcome data and the extra demographic data *(Attachment 2)* There was some discussion and questions raised e.g. • Would it make more sense to see caesarean section in labour rate rather than the overall caesarean section rate? • Consider NZ research around birth preferences for women booking with different LMCs? • Find out from other DHBs how they manage maternal request CS? The impact of the high intervention rates was discussed and the significant impact this has on resources, midwifery recruitment and knock-on effect on gynaecology surgery. Discussion was had around actual numbers of both public and private maternal request caesarean sections. Rob discussed research that concludes that maternal request section is influenced by practitioner (https://pubmed.ncbi.nlm.nih.gov/17014679/), Astrid indicated that in this study these were a self-selecting groups and that NZ model of care is unique. Rob stated that The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). This view is shared by the Auckland DHB Board. Astrid and Liz indicated that AOC/Birthright gathers their own information, analyses the data and then discusses it at a governance group. They are keen to gather more data. They extended an invitation to attend the meeting of their governance group to Jenny and Lynn. The meeting agreed, groups and individuals will i. Take responsibility for intervention rates and review as part of a governance structure ii. Consider a peer review process – possibility of sharing findings at an ATE session. Sylvia indicated that there was no definition of what defined Quality care in obstetrics, there is concern that the caesarean rate is used as a default marker. Lynn indicated that for several outcomes e.g. blood transfusion, vaginal trauma, rates are lower for private obstetric group and that there could be sharing of information between groups of providers.

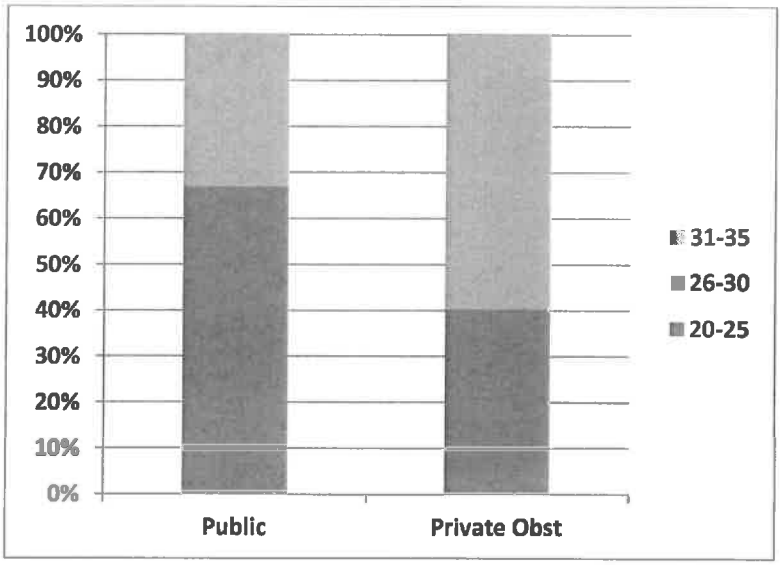
AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

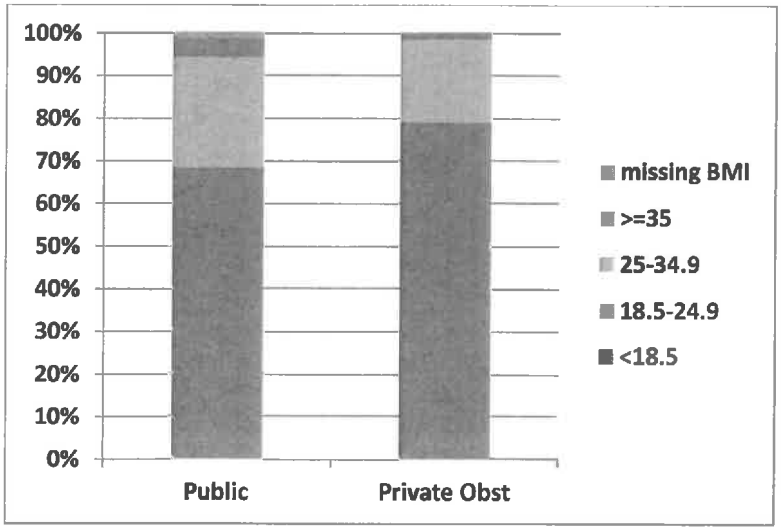
Women's Health
Obstetric Access Holders Meeting
MINUTES

Items for discussion		
No.	**Item**	**Discussion**
		Action: 1. Rob will write to practices and individuals to confirm that data can be visible to all and not anonymised. (E-mail confirmation subsequently received.) 2. Group representatives to review data with colleagues and feedback at the next Obstetric Access Holder's meeting. 3. Intervention data to be shared at the next Obstetric Access Holder's meeting.
4	[redacted]	[redacted]
5	[redacted]	[redacted]
6	[redacted]	[redacted]
7	Private Obstetrician Access Holder Agreements	Question raised as to why there were no new agreements being issued? Rob indicated that the decision to pause the issuing of new access agreements was made at Executive level. Astrid raised concern that at AOC there were practitioners approaching retirement age, staffing a real concern if issue not resolved. Rob indicated that as for other LMCs, such as during Covid19, Auckland DHB would care for patients if necessary and appropriate.
Next Meeting: TBC		

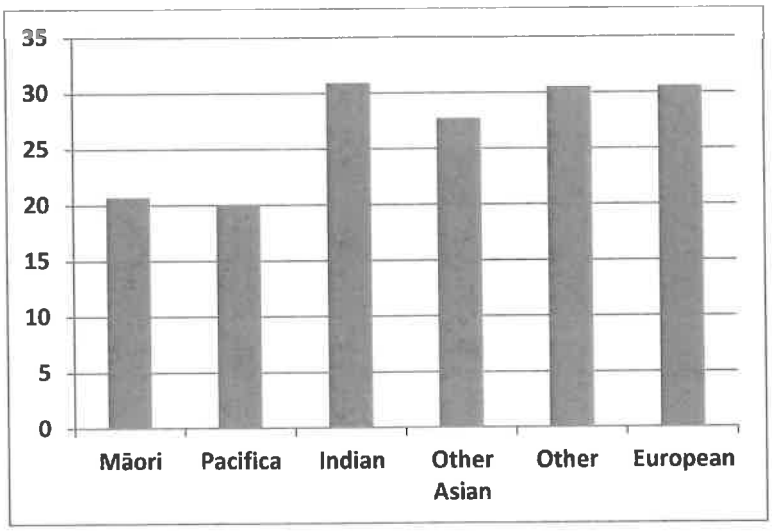
Distribution of ethnicity, age and BMI by private and public caregiver (standard primipara)

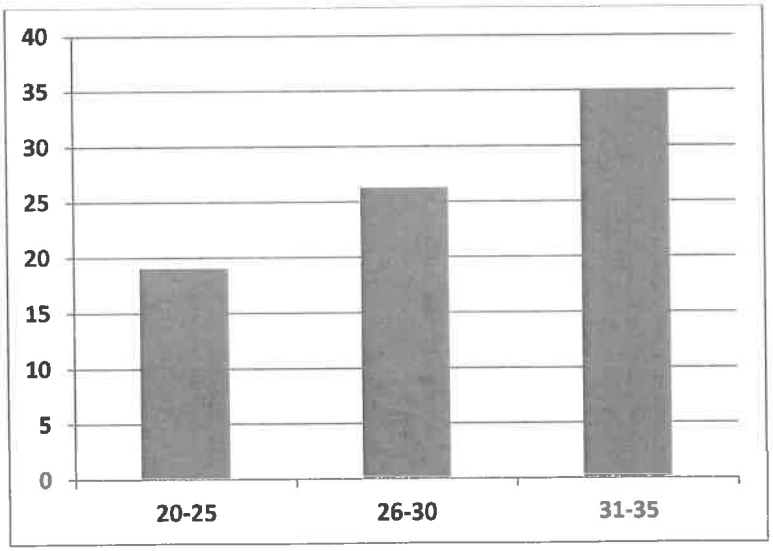


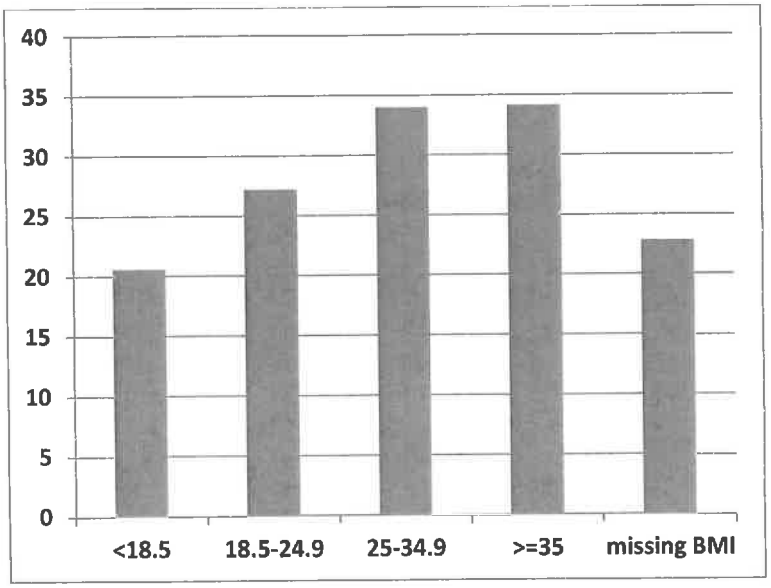




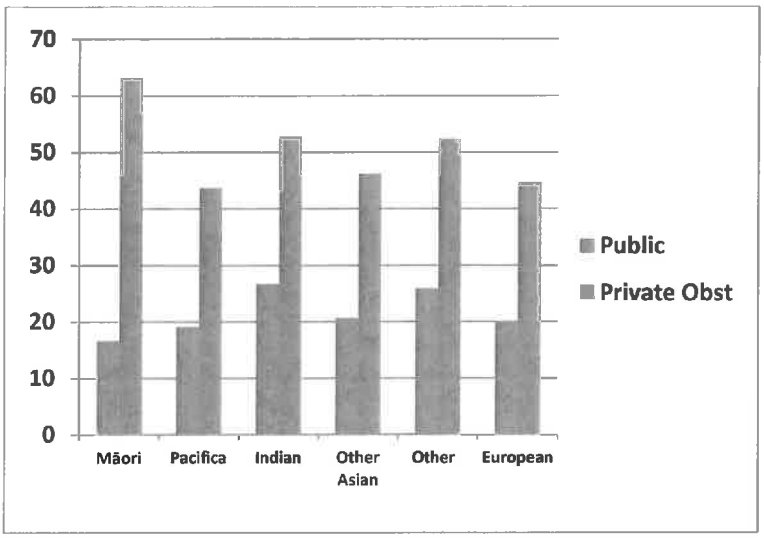
Caesarean % by ethnicity, age and BMI (standard primipara)

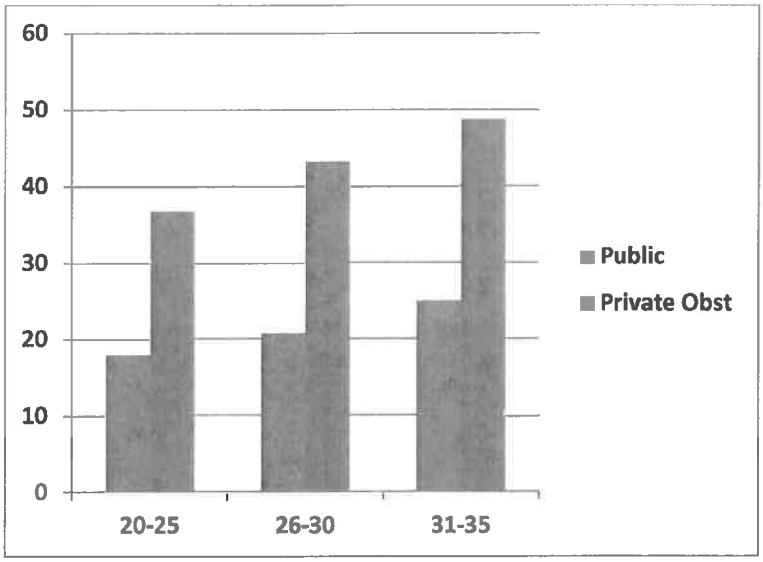


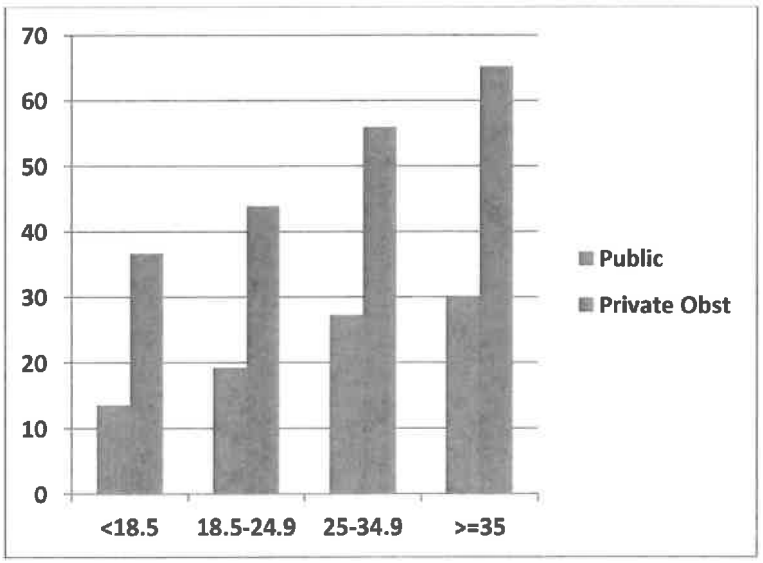




Caesarean % by ethnicity, age, BMI AND caregiver (standard primipara)







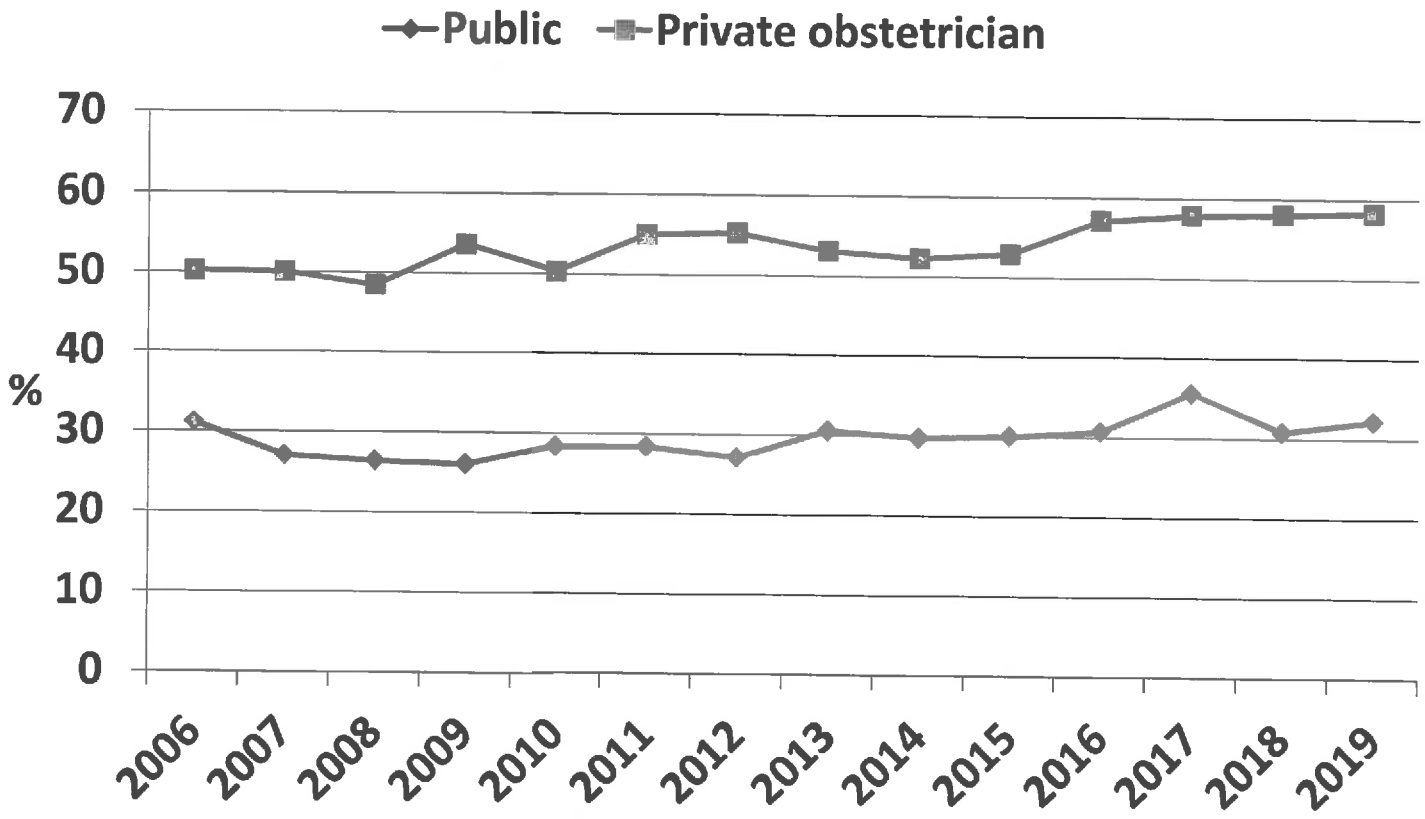
Private obstetrician and public data: session 1

November 2020

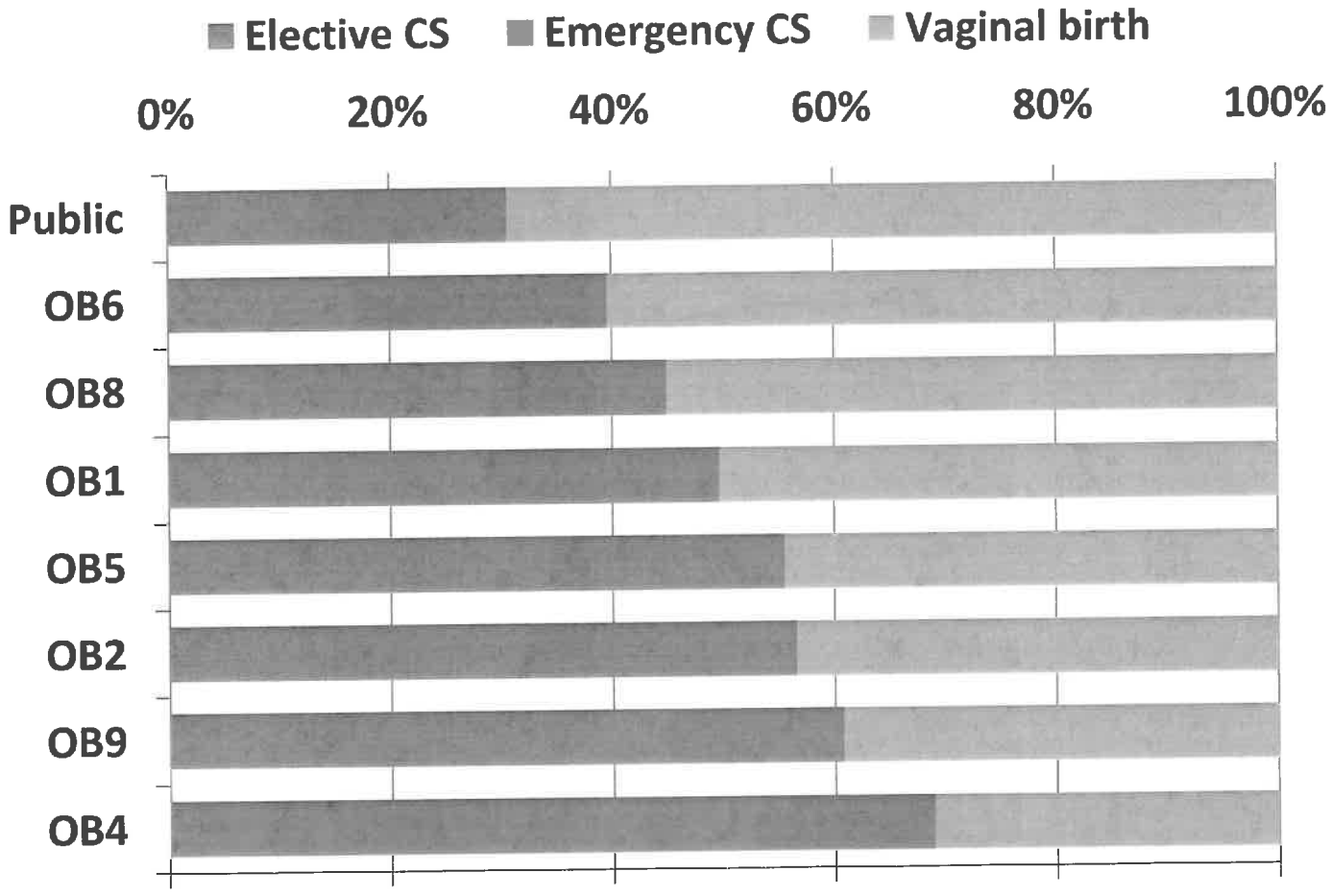
Methods

- Primiparous births
- Standard primipara
- 2015-2019
- Public: NWH community, MFM, diabetes clinics, transfers, unbooked, self-employed midwife
- Private obstetrician by group (AOC, Birthright, Origins) or individual clinician (Origins, other individual practitioners)
- Other private obstetrician including Obs no longer practicing

CS rate among nullipara 2006-2019



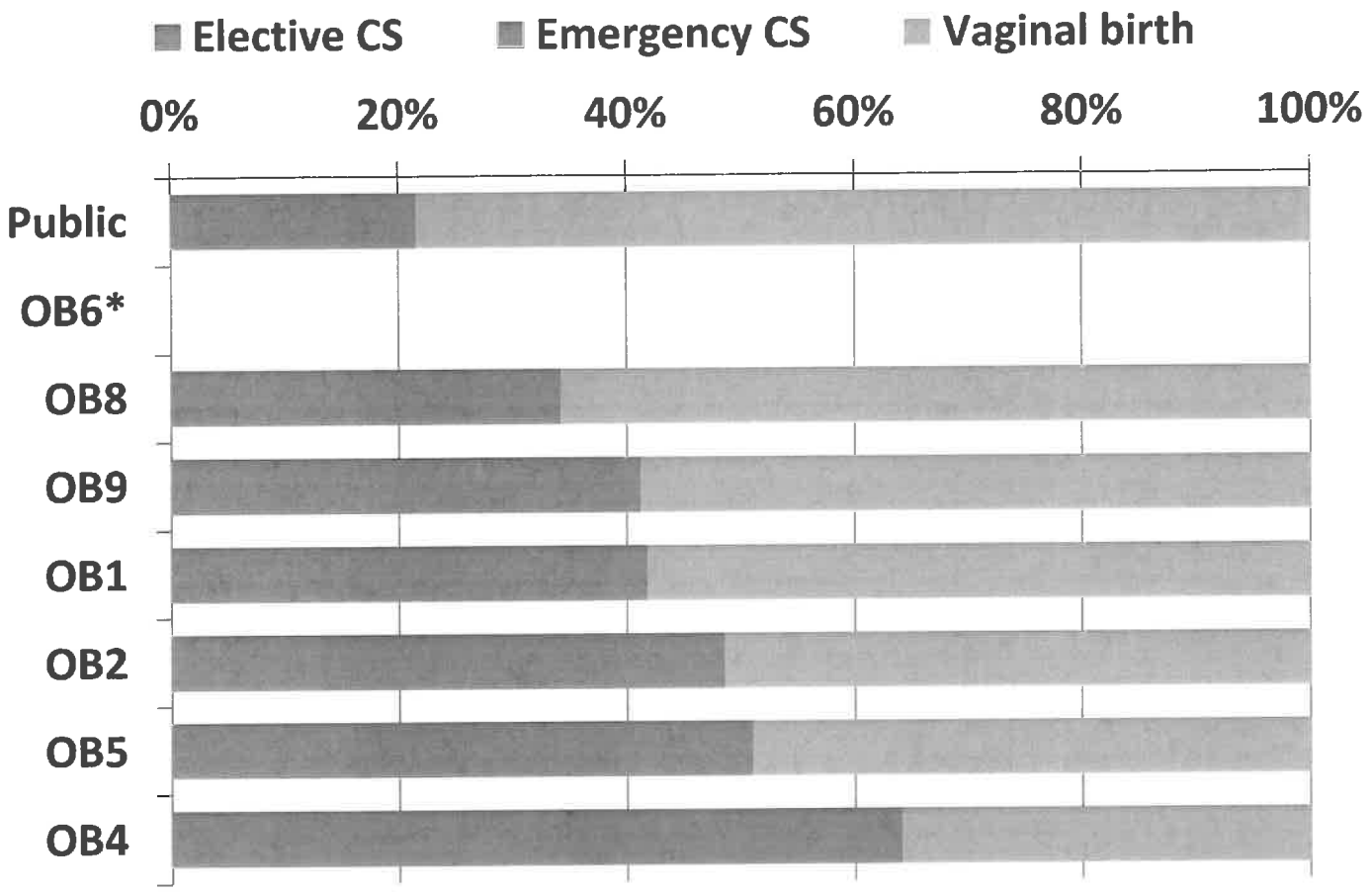
Mode of birth among all births 2015-2019



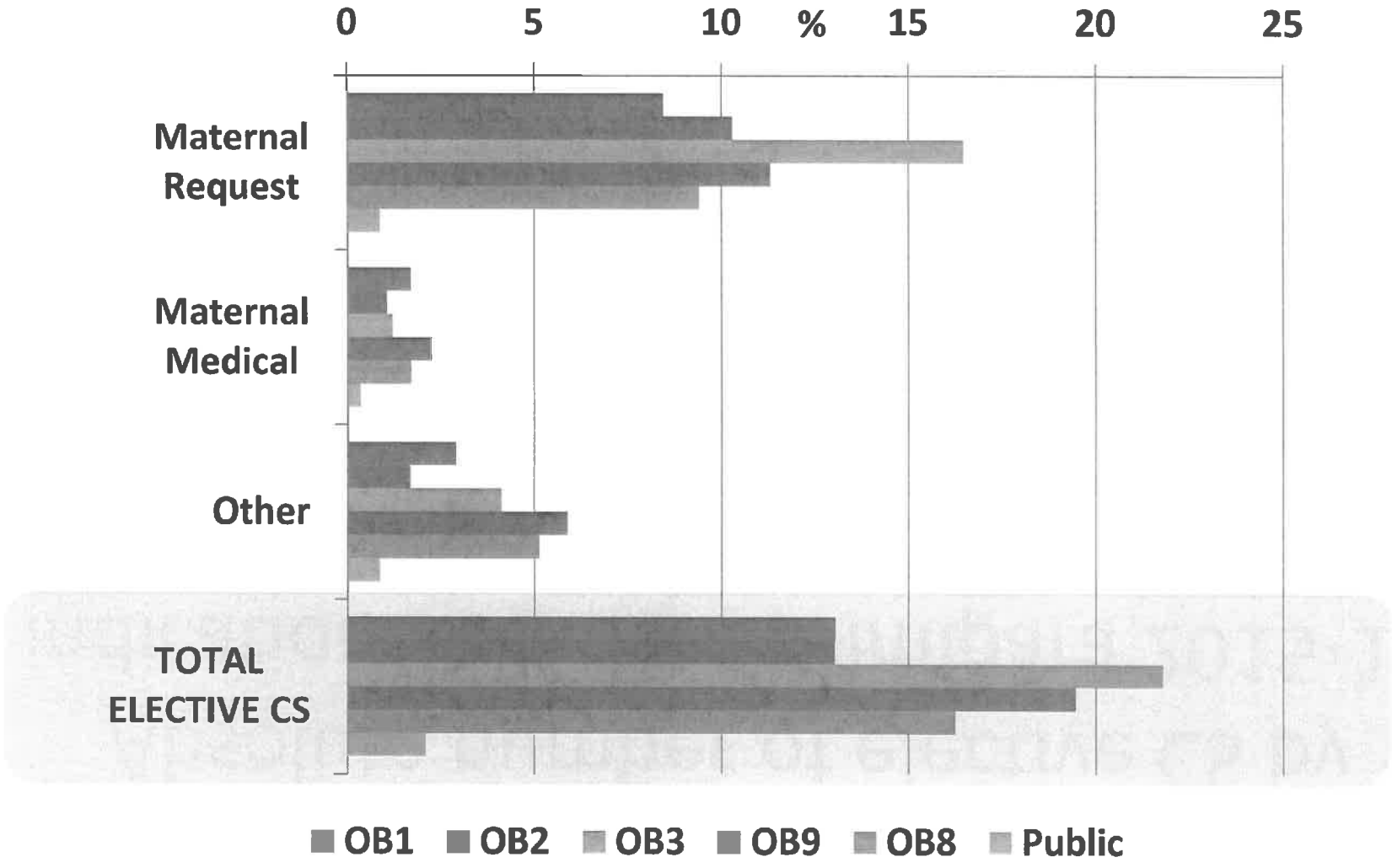
Standard primipara

- no prior birth ≥20 weeks,
- aged 20-34 years at index birth,
- singleton pregnancy,
- cephalic presentation,
- gestation 37-41 completed weeks,
- not small for gestational age (customised centile ≥10th),
- no medical disease, defined as no history of cardiac disease, renal disease, mental health disorder, SLE, HIV infection, CVA/TIA, diabetes or hypertension, no gestational diabetes in index pregnancy, no pregnancy associated hypertensive disease in index pregnancy, no antepartum haemorrhage during index pregnancy.

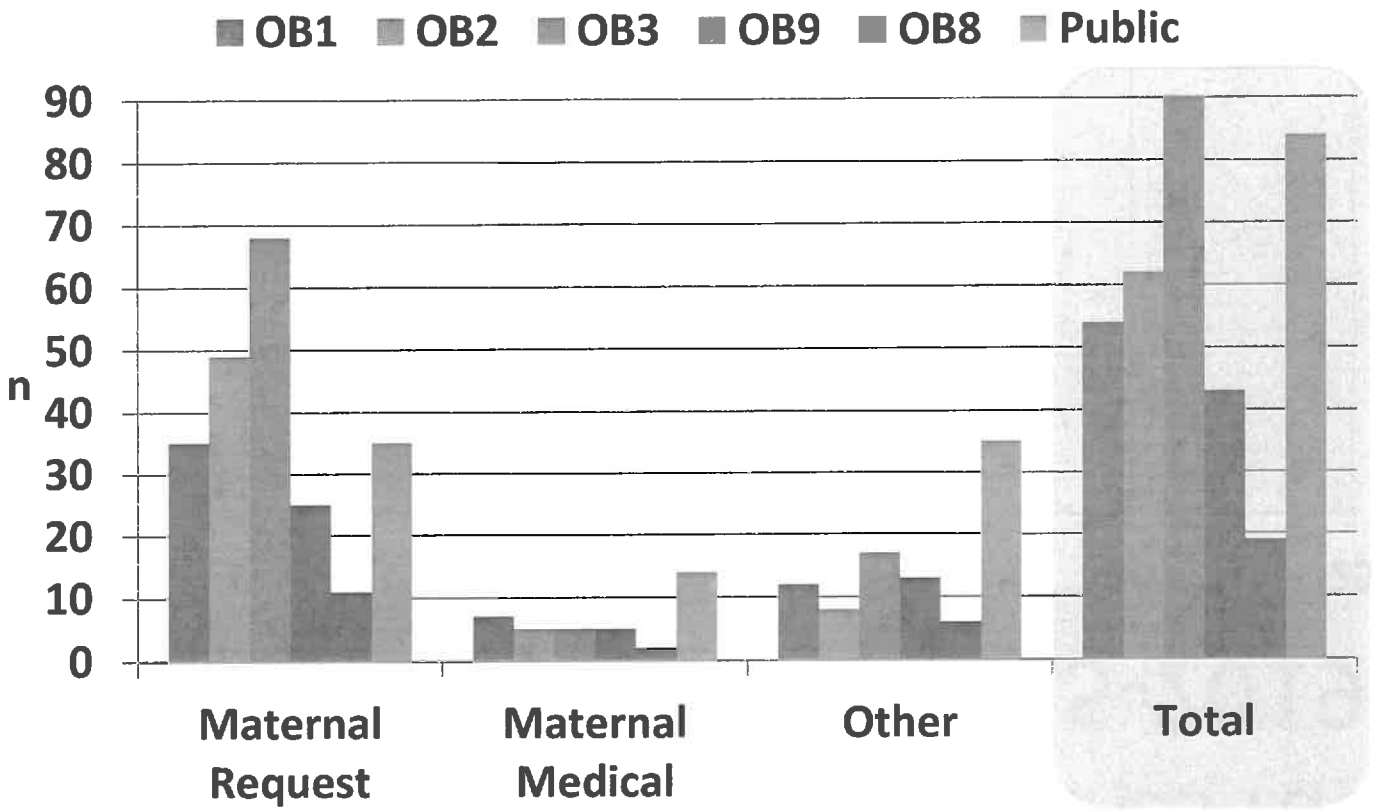
Mode of birth among standard primipara 2015-2019



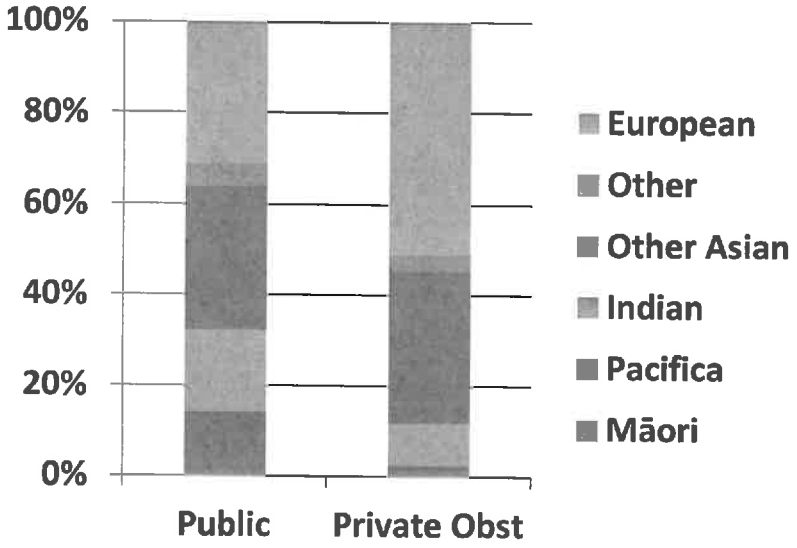
Indication-specific elective CS rate - standard primipara 2015-2019

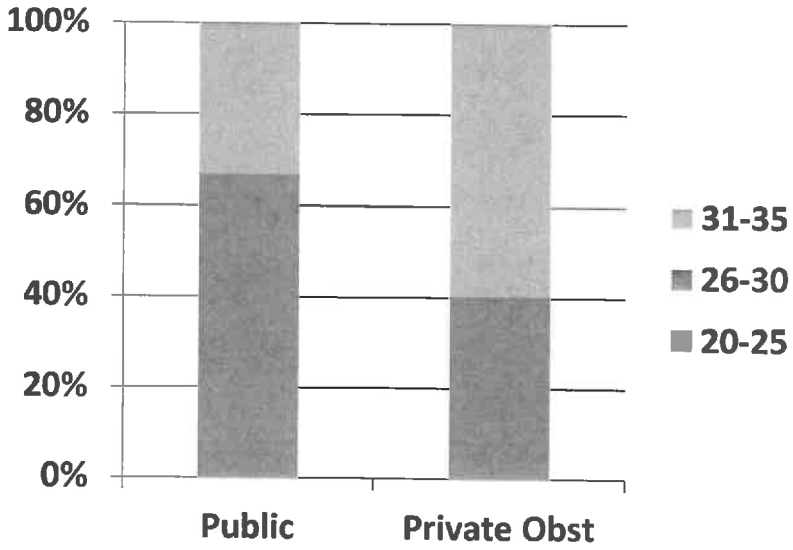


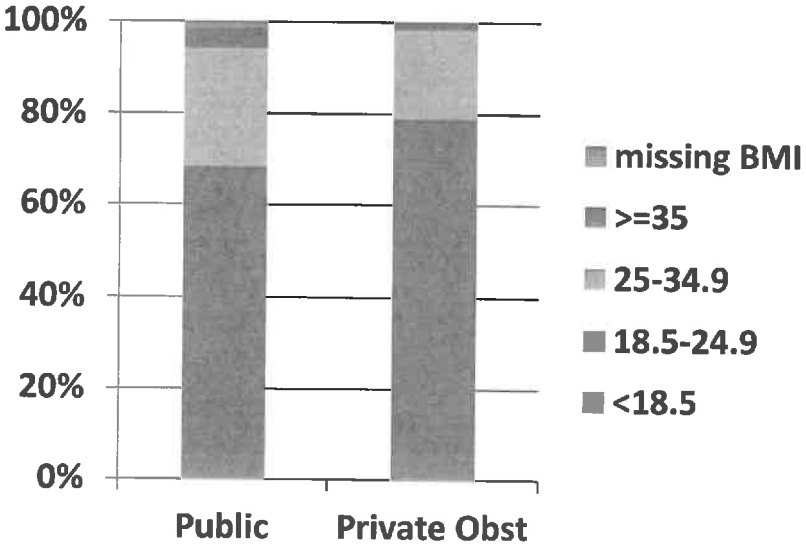
Absolute number of elective CS by indication: standard primipara 2015-19



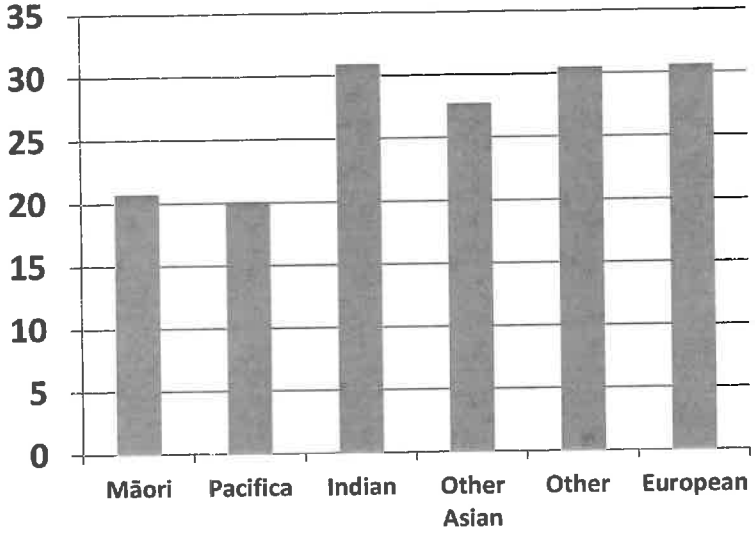
Distribution of ethnicity, age and BMI by caregiver (standard primipara)

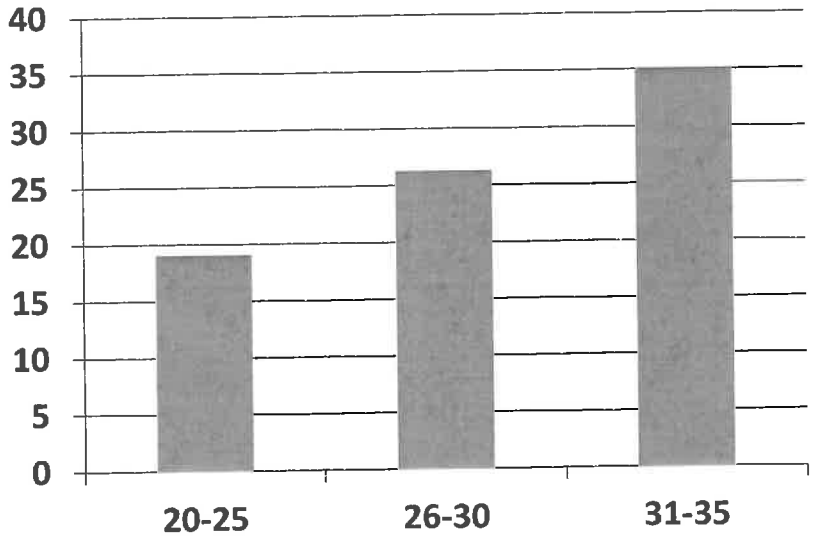


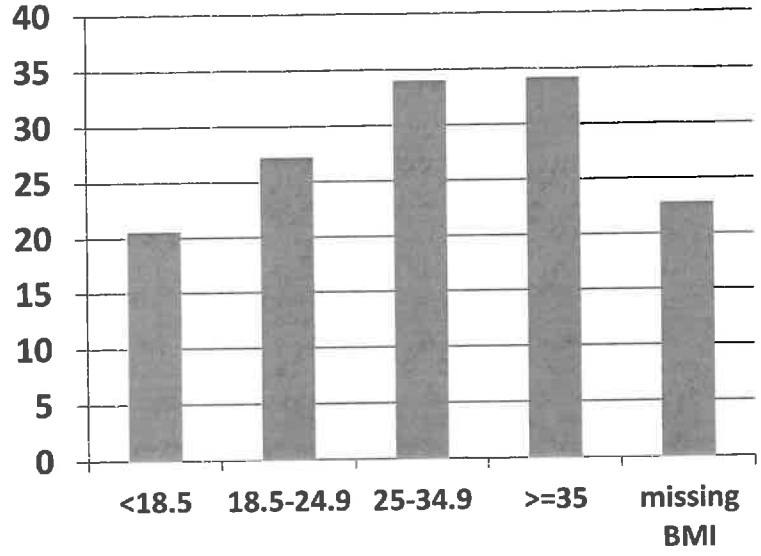




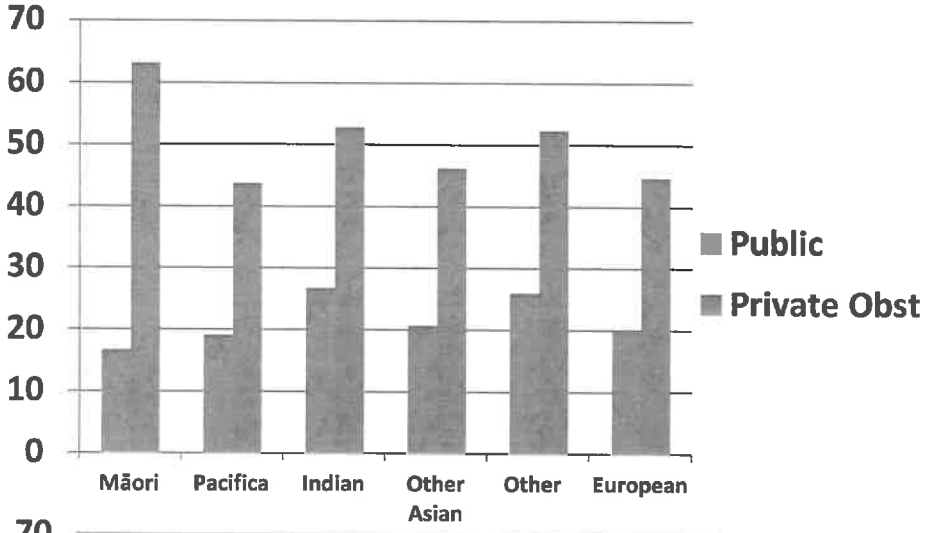
Caesarean % by ethnicity, age and BMI (standard primipara)

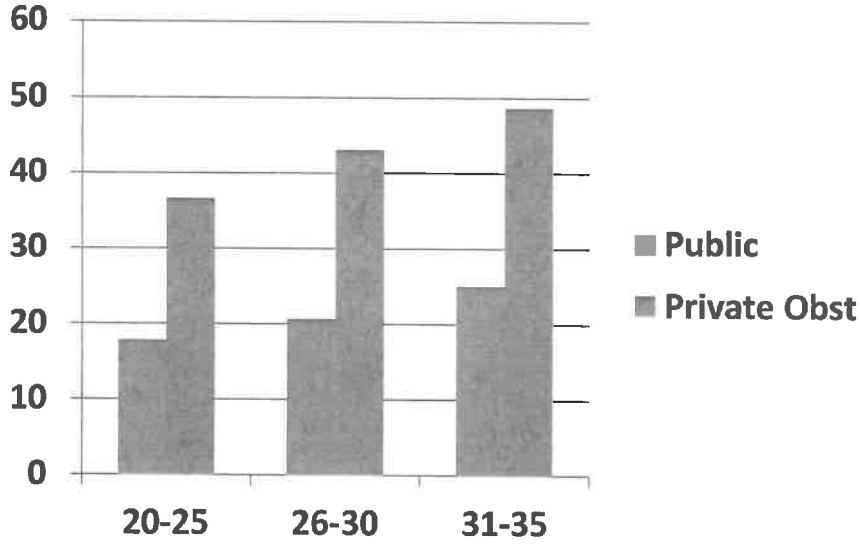


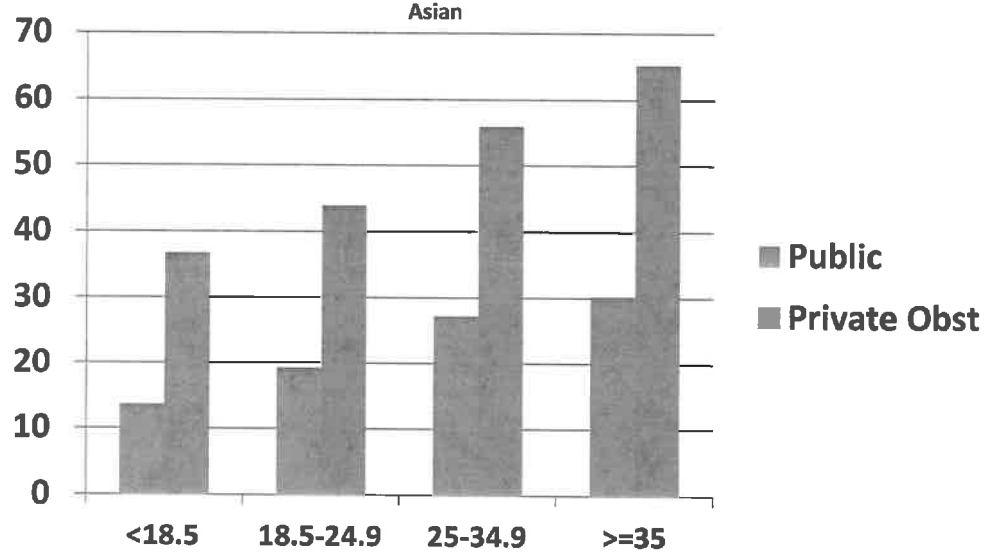




Caesarean % by ethnicity, age, BMI AND caregiver (standard primipara)







Verbena Miller-Whippy (ADHB)

From: Rob Sherwin (ADHB)
Sent: Tuesday, 22 December 2020 15:09
To: Elizabeth Curr (Obstetrician/Gynaecologist); Kira Brent (ADHB); Astrid Budden (ADHB); Sylvia Rosevear (ADHB)
Cc: Jenny McDougall (ADHB); Lynn Sadler (ADHB); Deborah Jane Pittam (ADHB); Verbena Miller-Whippy (ADHB)
Subject: RE: letter re private obstetric access holders meeting .
Attachments: Data presentation to private Obstetric Access Holders Meeting 02_11_20.pdf; Minutes Obstetric Access Holders Meeting 02 11 2020.pdf

Kia ora tatou,

Thank you for your e-mail Liz and apologies for my delay in responding. Please find attached draft minutes from the meeting. Please provide corrections to Verbena.

Thank you for confirming that you are happy for individual and groups to be identified in the data. As you state you are already working with Lynn to more thoroughly understand your data.

Lynn, Jenny, Deb and I did have a discussion about your proposals. Our feedback is that to ensure validity for your first proposal, this work would benefit from external in-put, perhaps from academic colleagues. At present, this is not something that any of us can contribute to.

With respect to your second proposal, a tool to review caesarean sections is a good idea, and something that I believe other units have used. I will post a discussion point on the RANZCOG CDs network, see if there are any tools already in use and share any with you. Unfortunately at present, none of us have the time to commit to participating in a review of the caesarean sections performed under private obstetric care. We will have to consider how we use such a tool in the public system. I will be very happy to share any learning with you, if we implement such an intervention.

With respect to Obstetric Access Agreements, you will be aware of the recent statement from Ailsa Claire that is quoted in the NZ Herald on Saturday 12th December 2020. "I'd like to be very clear that at this stage we have not put a stop to anything," Claire said. "We have just paused providing access agreements to any more private obstetricians while we are undergoing an engagement process." That would include partnering with iwi, she said, and working closely with patients, families, clinicians, midwives and private obstetricians.

As you will be aware, in light of the NZ Herald article we are planning to meet in Jan/Feb next year to discuss the engagement process and answer questions from the private obstetric access holders.

Ngā mihi

Rob

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
Auckland District Health Board
[redacted]

From: Elizabeth Curr (Obstetrician/Gynaecologist)
Sent: Tuesday, 10 November 2020 2:59 p.m.
To: Rob Sherwin (ADHB); Jenny McDougall (ADHB); Lynn Sadler (ADHB); Deborah Jane Pittam (ADHB)
Subject: letter re private obstetric access holders meeting .

Dear Jenny ,Deb , Rob and Lynn ,

We are writing following last week's private obstetrics access holders meeting , we would like to thank you all for inviting us .
Thanks especially to Lynn for providing the data we discussed .

We all found the meeting helpful , and hope it provides a starting point to future discussion .

With regard to the data we are happy for each provider to be identified in future .

Data collection relating to labour outcomes already happens at each practise and we will continue to liase with Lynn .
Concerning intra partum caesarean sections and maternal request caesarean sections we will continue to discuss these at practise meetings where each case is peer reviewed

We are proposing the following

1 . Develop a standardised questionnaire for Maternal request caesarean sections , with input from Deb Pittam , Lynn Sadler and potentially Michelle Wise .
With the aim to answer the following questions -

Demographics

Timing of decision for section and timing when request made .

Reason - aiming to establish categories such as
Mental health issues eg tocophobia , anxiety
Family , friend's influences . Proposed size of family .
Pelvic floor issues
Abuse
Previous bad birth experience/outcome .

Did wanting a section influence choice of LMC

How did they deliver ?

If they attempted vaginal birth why/when did they change their mind

After delivery document if they were happy with their birth experience .

To our knowledge no NZ data currently exists and we hope this will help LMC's to direct resources (eg pyschologist , individualised birth classes/ contracts) to those women more likely to attempt a vaginal birth .

2.Collection of data for standard primips in labour .
Review all patient notes quarterly for those requiring a caesarean section .
Present each case to a panel (ideally including ADHB representation both midwifery and obstetric eg Rob Sherwin , Jenny Mcdougall , Lynn Sadler , Deb Pittam)
Develop a tool to categorize the intervention as avoidable / non avoidable and identify any systems , patient or LMC factors contributing to the outcome .

With regard to the current hold on any new access agreements it was indicated that this decision was made by the hospital Executive , and that you were unable to provide us with any further information with regard to the terms around it .

We look forward to the next meeting , details about the timing of this I am sure will be included in the Minutes

Nga mihi ,

Liz , Astrid and Kira

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Women's Health Directorate
2 Park Road, Grafton
Private Bag 92024
Auckland 1023
Telephone: (09)304949

27 March 2020

Dr Philip Beattie
O&G Consultant
Women's Health

Dear Philip

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked a patient, NHI [redacted] where the stated indication is maternal request.

Could you please either provide further information regarding this and whether there is any medical indication for the request or please inform the patient that she will not be booked for an Elective Caesarean Section.

If this patient fulfils the guideline recommendations for Induction of Labour, please complete a separate referral for this.

With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Women's Health Directorate
2 Park Road, Grafton
Private Bag 92024
Auckland 1023
Telephone: (09)304949

27 March 2020

Dr Cindy Ooi
O&G Consultant
Women's Health

Dear Cindy

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked a patient, NHI [redacted] where the stated indication is maternal request.

Could you please either provide further information regarding this and whether there is any medical indication for the request or please inform the patient that she will not be booked for an Elective Caesarean Section.

If this patient fulfils the guideline recommendations for Induction of Labour, please complete a separate referral for this.

With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Women's Health Directorate
2 Park Road, Grafton
Private Bag 92024
Auckland 1023
Telephone: (09)304949

27 March 2020

Deborah Lawton
Midwife, Gestational Diabetes
Women's Health

Dear Deb

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

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With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

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27 March 2020

Dr Khaldoun Aweidah
O&G Consultant
Women's Health

Dear Khaldoun

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

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With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

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27 March 2020

Dr Kirsten McSweeny
O&G Consultant
Women's Health

Dear Kirsten

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked a patient, NHI [redacted] where the stated indication is maternal request.

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With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

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27 March 2020

Dr Lynda Batcheler
O&G Consultant
Women's Health

Dear Lynda

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked a patient, NHI [redacted] where the stated indication is maternal request.

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If this patient fulfils the guideline recommendations for Induction of Labour, please complete a separate referral for this.

With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

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Auckland 1023
Telephone: (09)304949

27 March 2020

Dr Nicholas Walker
O&G Consultant
Women's Health

Dear Nick

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked patients, NHI [redacted] where the stated indication is maternal request.

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If this patient fulfils the guideline recommendations for Induction of Labour, please complete a separate referral for this.

With thanks and best wishes

RA Sherwin

Dr Rob Sherwin
Director Womens Health

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Private Bag 92024
Auckland 1023
Telephone: (09)304949

27 March 2020

Dr Olivia Stuart
Birthright
Auckland

Dear Olivia

As a result of the current Covid-19 pandemic response, all service provision across Women's Health is being reviewed, on an on-going basis, to manage capacity. This includes review of all patients booked for Elective Caesarean Sections.

The Ministry of Health's Maternity Service Specifications for all DHBs does not support Elective Caesarean Section for Maternal Request (with no other medical indication). You have recently booked patients, NHI [redacted] where the stated indication is maternal request.

Could you please either provide further information regarding this and whether there is any medical indication for the request or please inform the patient that she will not be booked for an Elective Caesarean Section.

If this patient fulfils the guideline recommendations for Induction of Labour, please complete a separate referral for this.

With thanks and best wishes

JRA Sherwin

Dr Rob Sherwin
Director Womens Health

Verbena Miller-Whippy (ADHB)

From: Verbena Miller-Whippy (ADHB)
Sent: Thursday, 11 June 2020 14:39
Subject: Caesarean Section Panel Meetings

Kia ora tātou,

During the Covid-19 National Alert Level 4, we initiated a Caesarean Section Review panel, who were asked to review Caesarean Section requests that had 'maternal request' as the primary indication. You will all be aware that the Ministry of Health's Maternity Service Specifications for all DHBs, does not support Elective Caesarean Section for Maternal Request (with no other medical indication). The panel has met a number of times and provided feedback to referring clinicians. Given the change in Covid Alert level and the now clear understanding that Elective Caesarean Sections for Maternal Request, with no other medical indications are not supported, the panel meetings will be paused.

With thanks and best wishes

Rob Sherwin

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
Auckland District Health Board
[redacted]

Verbena Miller-Whippy (ADHB)

From: Lynda Batcheler [redacted]
Sent: Thursday, 25 June 2020 16:15
To: Rob Sherwin (ADHB)
Cc: Verbena Miller-Whippy (ADHB)
Subject: Re: Maternity Care at ADHB

I would be very happy to , as would all of us
I think that meeting & talking to one another will be the way to perhaps help knock down walls of concern & frustration between private obsts &
management
Lynda batcheler

Sent from Outlook Mobile

From: Rob Sherwin (ADHB) [redacted]
Sent: Thursday, June 25, 2020 3:39:50 PM
To: 'Lynda Batcheler' [redacted]
Cc: Verbena Miller-Whippy (ADHB) [redacted]
Subject: RE: Maternity Care at ADHB

Hi Lynda,
I was surprised to receive your email below. Would you like to meet to discuss this further? If so, please let me know when you are next in ADHB and I'd be happy to arrange a time for us to catch up.
With thanks and best wishes
Rob

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
Auckland District Health Board
[redacted]

From: Lynda Batcheler [mailto:[redacted]
Sent: Friday, 19 June 2020 5:32 p.m.
To: Mahesh Harilall (ADHB); Rob Sherwin (ADHB)
Cc: Jason Waugh (ADHB); Jenny McDougall (ADHB); Philip Beattie; Elizabeth Curr; Angela Beaton (ADHB)
Subject: Re: Maternity Care at ADHB

How very condescending!

Sent from Outlook Mobile

From: Rob Sherwin (ADHB) [redacted]
Sent: Friday, June 19, 2020 4:01:14 PM
To: Mahesh Harilall (ADHB) [redacted]
Cc: Jason Waugh (ADHB) [redacted] Jenny McDougall (ADHB) [redacted] Philip Beattie [redacted] Elizabeth Curr [redacted] Lynda Batcheler [redacted] Angela Beaton (ADHB) [redacted]
Subject: RE: Maternity Care at ADHB

Hi Mahesh

Thank you for your email, please see my responses to your questions/comments below:

1. The e-mail from 'yesterday' re primary elective caesarean request is ambiguous and open to interpretation.

I would be happy to receive any suggestions from you to reduce the perceived ambiguity of my e-mail. It would seem evident to me that a request to list a patient for surgery must include details of the clinical indication for the procedure; a number of Caesarean Section requests include no details other than 'Maternal Request'.

2. Private Obstetrician Access Agreement at ADHB.

We have shared granular outcome data for each LMC group at our SMO meetings. This shows that as a whole National Women's Health has a high obstetric intervention rate and that Private Obstetricians contribute significantly to this. Until we have met with private LMCs and formulated a plan to reduce unwarranted interventions, applications for Obstetric Access Agreements are on hold. We have and of course would meet with LMCs who are unable to manage their case load, to see how the public service could support care for their women.

3. The engagement of ADHB with Private Obstetrician Groups.

You may have seen in the minutes of the SMO meeting last Friday (12 June), that in February, pre-Covid, we had agreed to restart the meetings with private LMCs. Jenny and I will now reactivate this plan and we look forward to meeting with you and your colleagues in due course.

With best wishes
Rob

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
[redacted]

Dr Robert Sherwin MA, PhD, MRCOG
Director of Women's Health
Auckland District Health Board
[redacted]

-----Original Message-----
From: Mahesh Harilall (ADHB)
Sent: Friday, 12 June 2020 6:02 p.m.
To: Rob Sherwin (ADHB)
Cc: Jason Waugh (ADHB); Jenny McDougall (ADHB); Philip Beattie; Elizabeth Curr; Lynda Batcheler
Subject: Maternity Care at ADHB

Dear Rob

I have decided best to put these points in an e- mail, to allow you and Obstetriic SCD's time to reflect and respond after due consideration.

For transparency, I have decided to copy same to Lead Clinicians at three local Group Private Maternity Practices.

1. The e-mail from yesterday re primary elective cesarean request is ambiguous and open to interpretation.

Please can you clarify what is the expected clinical care pathway for women whom request a primary caesarean birth (team or private)?

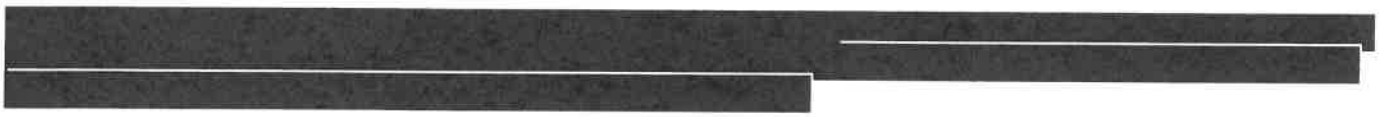
[redacted]

Last week, I was advised by surgical bookong scheduler that one of our patients have had their request for an elective carsarean birth declined by the "committee."

2. Private Obstetrician Access Agreement at ADHB.

I am aware that recently a colleague has been declined a secondary care Private obstetrician access agreement to join an existing Specialist Auckland group maternity practice. This may be a personal or private matter/s relating to that individual, in which case you may not want to or be able to comment on same. I would fully understand if that be the case.

However that outcome or decision has implications for same/other group and solo- practice obstetrician providers in Auckland.



The uncertainty or lack of clarity in the access to a care contract to provide a service at ADHB places at risk the fulfilment of the LMC agreement between patient and that group or caregiver.

As far as we are all aware, the patient has the right to choose her own caregiver and where she births.

Like DHB supports safe working and roster practices, those of us whom work in Group Private Obstetrician practices - have same or similar safe work models of care in place in provision of services to our patients' care.

The potential that we may be unable to or have restrictions placed upon recruitment of specialist health care providers is of concern to us and our patients' care.

Safety of care and sustainability of services provided are at the heart of this point of clarification.

You are aware that between 25-30% of women (~2000 women in 2019) who birth at ADHB are under the care of a specialist LMC.

3. The engagement of ADHB with Private Obstetrician Groups.

We used to have at least triennial or biennial meetings between SCD/MD with Pvt Specialist Providers under the former Directorship of Sue Fleming.

That seems to fallen by the wayside. Not sure why that is the case. That was a forum to allow engagement, understanding and communication between DHB SLT and Specialist LMC providers.

As you're aware safe systems allow safe practice.

Some of the current private maternity specialists are not employed by the DHB. There needs to be a forum or process to support and share process changes and systems in the DHB with the LMC's. We don't want a bad outcome because a provider was unaware of a major system or process change in the locality of care provision.

Re-instatement of those forums would be in the interest of all parties.

Thank you for considering and taking your time in response to these matters.

Kind regards
Dr Mahesh Harilall
SMO ADHB
Obstetrician Access Holder ADHB

Sent from my iPhone

All data are mothers	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
MODE OF BIRTH		Q	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019
All births		N	1591	1629	1754	1687	469	475	503	486	652	739	787	713	359	298	341	364	88	101	94	102
Spontaneous vertex delivery	62.5	%	48.5	46.9	48.6	48.0	33.0	31.8	34.0	32.9	55.1	55.3	55.4	57.1	57.4	49.7	53.7	53.02	43.2	43.6	47.9	33.3
Instrumental Delivery	9.3	%	14.3	13.1	12.1	11.7	13.4	11.4	9.3	10.9	17.2	15.7	15.1	13.6	11.1	11.7	11.7	9.89	11.4	6.9	6.4	11.8
Caesarean Section	27.9	%	36.5	39.6	38.6	39.6	53.1	56.8	56.3	55.6	26.7	28.4	28.7	28.9	30.6	37.9	34.3	36.54	45.5	48.5	44.7	52.9
Women Registered with NW community		N	440	499	427	348																
Registration in the first trimester	72.3	%	53.2	70.7	55.5	62.6																
STANDARD PRIMIPARA OUTCOMES																						
All standard primip births		N	242	242	282	253	58	76	61	79	121	124	136	128	57	36	61	58				
Spontaneous vaginal birth	65.1	%	43.8	35.1	42.6	43.5	17.2	22.4	24.6	30.4	47.1	43.5	47.1	44.53	63.2	33.3	52.5	63.8				
Instrumental vaginal birth	16.3	%	24.4	26.4	23.4	24.5	20.7	23.7	26.2	16.5	29.8	29.0	29.4	26.56	15.8	27.8	19.7	15.5				
Caesarean section	17.6	%	31.8	38.4	34.0	32.0	62.1	53.9	49.2	53.2	23.1	27.4	23.5	28.91	21.1	38.9	27.9	20.7				
Induction of labour	7.6	%	28.8	33.9	29.1	30.8	36.2	39.5	29.5	30.4	31.4	29.8	28.7	35.16	19.3	36.1	29.5	22.4				
Standard primip vaginal births		N	165	149	186	172	22	35	37	31	93	90	104	91	45	22	44	46				
Intact lower genital tract (%)	27.7	%	9.7	8.1	7.0	5.8	9.1	11.4	8.1	6.5	9.7	4.4	7.7	5.495	11.1	18.2	4.5	4.3				
Episiotomy & no 3rd/4th degree tear	24.5	%	53.3	55.7	51.1	50.6	81.8	65.7	54.1	77.4	54.8	55.6	54.8	53.85	37.8	45.5	40.9	28.3				
3rd/4th degree tear without episiotomy	4.4	%	1.8	2.0	6.5	4.1	0.0	0.0	0.0	0.0	3.2	1.1	8.7	4.396	0.0	9.1	6.8	6.5				
Episiotomy & 3rd/4th degree tear	1.7	%	1.8	4.0	4.3	4.1	0.0	0.0	2.7	3.2	2.2	6.7	5.8	2.198	2.2	0.0	2.3	4.3				
Standard primip unassisted vaginal birth		N	106	85	120	110	10	17	24	15	57	54	64	57	36	12	32	37				
Episiotomy in **unassisted** vaginal birth		%	33.0	43.5	38.3	34.5	60.0	41.2	41.7	60.0	35.1	51.9	42.2	38.6	25.0	16.7	28.1	18.9				
3rd/4th degree tear in **unassisted** vag birth		%	2.8	2.4	10.0	6.4	0.0	0.0	0.0	0.0	5.3	1.9	15.6	7.018	0.0	8.3	6.3	8.1				
Standard primip assisted vaginal birth		N	59	64	66	62	12	18	13	16	36	36	40	34	9	10	12	9				
Episiotomy in **assisted** vaginal birth		%	94.9	81.3	86.4	90.3	100.0	88.9	84.6	100.0	91.7	77.8	90.0	85.29	100.0	80.0	83.3	88.9				
3rd/4thdegree tear in **assisted** vag birth		%	5.1	10.9	12.1	11.3	0.0	0.0	7.7	6.3	5.6	16.7	12.5	5.882	11.1	10.0	16.7	22.2				
MATERNAL MORBIDITY																						
Caesarean birth		N	581	645	677	668	111	114	118	133	40	49	42	54	249	270	281	270	174	210	228	206
Category 1 Caesarean section		%	5.5	5.4	6.4	8.1	3.6	1.5	1.8	4.8	6.9	7.1	8.3	11.65	7.2	9.6	10.2	8.3	5.0	8.2	11.9	7.4
General anaesthetic for caesarean section	8.2	%	5.9	6.4	7.1	5.4																
Blood transfusion with caesarean section	3.1	%	2.9	2.8	2.1	1.3																
All vaginal births		N	1010	984	1077	1019																
Blood transfusion with vaginal birth	2.2	%	2.8	2.4	2.0	2.1																

Notes:

Most data from Healthware and correct at time of analysis but may change after further routine cleaning

Standard primipara definition: 20-34 years, singleton, cephalic, P0, 37+0-41+6 weeks at birth, excluding any hypertension, any diabetes, fetal problems (stillbirth, suspected SGA), APH, PROM (datetime ROM<datetime onset of contractions)(Data from Healthware)

GP, other DHB, unbooked included with "All births at NWH" but excluded from breakdown by caregiver columns

NZ average sourced from NZ maternity report or maternity indicators report

Red = NW performance worse than national average; Green = NWH performance better than national average; Amber = national average lies within NWH 25-50th centile

All data are mothers		DEFINITIONS	
		Numerator	Denominator
MODE OF BIRTH			
All births			
Spontaneous vertex delivery		Vaginal unassisted birth	All births
Instrumental Delivery		Assisted vaginal birth	All births
Caesarean Section	Link to SPC chart	Caesarean section	All births
Women Registered with NW community			
Registration in the first trimester		First antenatal/booking visit <14 weeks	All women under DHB primary care, excluding those previously registered in this pregnancy with another LMC
STANDARD PRIMIPARA OUTCOMES			
All standard primip births			
Spontaneous vaginal birth		Unassisted vaginal birth	All standard primipara births
Instrumental vaginal birth		Assisted vaginal birth (any of Ventouse or forceps)	"
Caesarean section		Caesarean section (any type)	"
Induction of labour		Induction of labour (any method; includes syntocinon before 4 cm dilated)	"; should probably exclude elective CS but does not
Standard primip vaginal births			
Intact lower genital tract (%)		Vaginal birth with no perineal trauma	All standard primipara vaginal births
Episiotomy & no 3rd/4th degree tear		Vaginal birth with episiotomy but without 3rd or 4th degree tear	"
3rd/4th degree tear without episiotomy		Vaginal birth with 3rd or 4th degree tear and no episiotomy	"
Episiotomy & 3rd/4th degree tear		Vaginal birth with 3rd or 4th degree tear and episiotomy	"
Standard primip unassisted vaginal birth			
Episiotomy in **unassisted** vaginal birth		Unassisted vaginal birth AND episiotomy	Standard primip unassisted vaginal birth
3rd/4th degree tear in **unassisted** vag birth		Unassisted vaginal birth AND 3rd or 4th degree tear	"
Standard primip assisted vaginal birth			
Episiotomy in **assisted** vaginal birth		Assisted vaginal birth AND episiotomy	Standard primip assisted vaginal birth
3rd/4thdegree tear in **assisted** vag birth		Assisted vaginal birth AND 3rd or 4th degree tear	"
MATERNAL MORBIDITY			
Caesarean birth			
Category 1 Caesarean section		Category 1 Caesarean section	All caesareans
General anaesthetic for caesarean section			
Blood transfusion with caesarean section			
All vaginal births			
Blood transfusion with vaginal birth			

All data are babies	NZ average 2017	Q	All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
			Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2019	Q2 2019	Q3 2019	Q4 2019
All births (babies)		N	1624	1657	1772	1709	481	486	509	496	660	745	790	717	367	308	351	370	93	103	94	104
Preterm birth <37 weeks	7.5	%	10.2	10.0	8.6	9.6	8.7	8.6	5.7	7.1	8.6	7.7	7.2	7.2	8.7	12.3	9.7	10.8	22.6	22.3	20.2	25.0
Spontaneous preterm birth <37wks		%	6.3	5.9	5.0	5.6	4.2	3.5	3.3	3.8	6.8	5.4	4.8	4.8	6.0	8.4	5.1	6.5	9.7	9.7	7.4	9.6
Iatrogenic preterm birth <37wks		%	3.8	4.2	3.6	4.0	4.6	5.1	2.4	3.2	1.8	2.3	2.4	2.4	2.7	3.9	4.6	4.3	12.9	12.6	12.8	15.4
Admission to NICU		%	12.7	11.0	11.2	11.4																
Babies born at term (>=37wks)		N	1459	1491	1619	1544																
NICU + >=4hrs respiratory support	2.0	%	3.4	2.6	2.8	2.7																
SGA singleton babies (<10th CBC)		N	208	229	254	224	47	46	51	48	84	108	114	89	51	46	57	51	19	26	21	26
Detected SGA		%	37.5	27.9	35.4	29.9	31.9	26.1	31.4	27.1	38.1	29.6	34.2	34.8	47.1	30.4	29.8	26.0	26.3	19.2	61.9	34.6
Episiotomy & no 3rd/4th degree tear		%	59.1	60.3	57.1	64.7	78.7	73.9	72.5	75.0	57.1	58.3	54.4	60.7	52.9	47.8	52.6	66.0	52.6	69.2	52.4	65.4

Episiotomy & 3rd/4th degree tear

SGA= <10th customised birth weight centile, excluding multiple pregnancies

Detected SGA defined at admission to DU as suspected clinical with no scan or suspected and confirmed by scan

All data are babies	DEFINITIONS	
	Numerator	**Denominator**
All births (babies)		
Preterm birth <37 weeks	Birth from 20-36+6 weeks	All births (babies)
Spontaneous preterm birth <37wks	Spontaneous preterm births (exclude IOL other than after PPROM, elective Caesarean and Prelabour emergency Caesarean)	"
Iatrogenic preterm birth <37wks	Births from 20-36+6 wks following IOL (other than IOL after PPROM) + elective Caesarean + Prelabour emergency Caesarean	"
Admission to NICU	Babies admitted to NICU (any gestation)	All babies
Babies born at term (>=37wks)		
NICU + >=4hrs respiratory support	Babies born from 37+0 weeks and admitted to NICU and ventilated for >=4 hours	Babies born from 37+0 weeks
SGA singleton babies (<10th CBC)	**by customised birthweight centile**	
Detected SGA	suspected SGA and no scan or suspected and confirmed by scan (missing data included in denominator)	SGA babies (<10th centile) by customised birthweight centile
Episiotomy & no 3rd/4th degree tear	SGA babies born at 37+0 - 39+6 weeks	SGA babies (<10th centile) by customised birthweight centile born at >=37 weeks

All data are mothers	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
MODE OF BIRTH		Q	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020
All births		N	1687	1599	1509	1551	486	455	463	435	713	659	658	724	363	345	250	271	103	115	115	98
Spontaneous vertex delivery	62.5	%	48.0	49.9	48.4	51.1	32.9	34.9	33.3	39.5	57.1	60.4	57.9	57.2	53.2	53.0	54.4	57.6	33.0	40.9	40.0	35.7
Instrumental Delivery	9.3	%	11.7	12.0	11.1	11.9	10.9	13.4	11.7	10.8	13.6	12.4	12.5	14.8	9.9	11.9	9.2	8.9	11.7	5.2	7.0	6.1
Caesarean Section	27.9	%	39.6	37.7	39.8	36.5	55.6	51.4	54.4	49.7	28.9	27.2	28.7	27.5	36.4	34.2	36.0	32.8	53.4	53.0	52.2	57.1
Women Registered with NW community		N	351	364	393	366																
Registration in the first trimester	72.3	%	63.0	61.3	59.0	62.3																
STANDARD PRIMIPARA OUTCOMES																						
All standard primip births		N	265	262	242	256	80	68	74	63	130	129	127	155	58	61	35	33				
Spontaneous vaginal birth	65.1	%	44.5	45.4	47.1	45.7	35.0	32.4	24.3	23.8	44.6	53.5	48.8	49.7	67.2	44.3	57.1	63.6				
Instrumental vaginal birth	16.3	%	23.8	24.4	21.1	28.5	18.8	25.0	21.6	28.6	26.2	24.8	25.2	31.6	15.5	24.6	5.7	18.2				
Caesarean section	17.6	%	31.7	30.2	36.8	25.8	47.9	42.6	54.1	47.6	29.2	21.7	26.0	18.7	17.2	31.1	37.1	18.2				
Induction of labour	7.6	%	38.6	33.6	40.1	35.9	40.0	57.4	52.7	50.8	35.4	23.3	30.7	29	22.4	29.5	40.0	33.3				
Standard primip vaginal births		N	181	183	153	190	37	39	34	33	92	101	94	126	48	42	22	27				
Intact lower genital tract (%)	27.7	%	6.1	7.1	8.5	12.6	5.4	2.6	11.8	15.2	5.4	7.9	6.4	11.1	6.3	7.1	9.1	14.8				
Episiotomy & no 3rd/4th degree tear	24.5	%	49.7	43.7	47.1	52.6	73.0	59.0	38.2	57.6	54.3	43.6	57.4	54.8	25.0	31.0	18.2	37.0				
3rd/4th degree tear without episiotomy	4.4	%	3.9	3.8	0.7	3.2	0.0	5.1	2.9	0.0	4.3	3.0	0.0	2.4	6.3	4.8	0.0	11.1				
Episiotomy & 3rd/4th degree tear	1.7	%	4.4	3.8	2.0	1.6	2.7	0.0	0.0	3.0	2.2	4.0	3.2	1.6	6.3	7.1	0.0	0.0				
Standard primip unassisted vaginal birth		N	118	119	102	117	20	22	18	15	58	69	62	77	39	27	20	21				
Episiotomy in **unassisted** vaginal birth		%	34.7	26.1	37.3	41.9	60.0	36.4	33.3	46.7	37.9	29.0	48.4	44.2	17.9	11.1	10.0	28.6				
3rd/4th degree tear in **unassisted** vag birth		%	6.8	5.0	2.0	4.3	0.0	0.0	5.6	0.0	6.9	5.8	1.6	3.9	10.3	7.4	0.0	9.5				
Standard primip assisted vaginal birth		N	63	64	51	73	17	17	16	18	34	32	32	49	9	15	2	6				
Episiotomy in **assisted** vaginal birth		%	90.5	87.5	72.5	74.0	94.1	88.2	43.8	72.2	88.2	87.5	84.4	75.5	88.9	86.7	100.0	66.7				
3rd/4thdegree tear in **assisted** vag birth		%	11.1	12.5	3.9	5.5	5.9	11.8	0.0	5.6	5.9	9.4	6.3	4.1	22.2	20.0	0.0	16.7				
MATERNAL MORBIDITY																						
Caesarean birth		N	668	604	600	566	270	235	252	216	206	179	189	199	133	119	90	89	54	61	60	56
Category 1 Caesarean section		%	8.1	7.0	7.0	5.5	4.8	2.6	3.6	2.8	11.7	11.2	12.2	9.5	8.3	8.4	7.8	3.4	7.4	8.2	3.3	5.4
General anaesthetic for caesarean section	8.2	%	5.4	5.3	4.5	4.1																
Blood transfusion with caesarean section	3.1	%	1.3	2.0	3.7	1.9																
All vaginal births		N	1019	998	909	986																
Blood transfusion with vaginal birth	2.2	%	2.1	2.0	2.8	2.5																

Notes:

Most data from Healthware and correct at time of analysis but may change after further routine cleaning

Standard primipara definition: 20-34 years, singleton, cephalic, P0, 37+0-41+6 weeks at birth, excluding any hypertension, any diabetes, fetal problems (stillbirth, suspected SGA), APH, PROM (method ROM=Spont and datetime ROM<datetime onset of contractions, or induction indication =PROM or PPROM, or delivery method = caesarean-not in established labour and datetime delivery-datetime ROM>1 hour)(Data from Healthware)

GP, other DHB, unbooked included with "All births at NWH" but excluded from breakdown by caregiver columns

NZ average sourced from NZ maternity report or maternity indicators report

Green = NWH performance better than national average; Amber = national average lies within NWH 25-75th centile; Red = national average lies outside NWH 25th or 75th centile

All data are mothers		DEFINITIONS	
MODE OF BIRTH		**Numerator**	**Denominator**
All births			
Spontaneous vertex delivery		Vaginal unassisted birth	All births
Instrumental Delivery		Assisted vaginal birth	All births
Caesarean Section	Link to SPC chart	Caesarean section	All births
Women Registered with NW community			
Registration in the first trimester		First antenatal/booking visit <14 weeks	All women under DHB primary care, excluding those previously registered in this pregnancy with another LMC
STANDARD PRIMIPARA OUTCOMES			
All standard primip births			
Spontaneous vaginal birth		Unassisted vaginal birth	All standard primipara births
Instrumental vaginal birth		Assisted vaginal birth (any of Ventouse or forceps)	"
Caesarean section		Caesarean section (any type)	"
Induction of labour		Induction of labour (any method; includes syntocinon before 4 cm dilated)	"; should probably exclude elective CS but does not
Standard primip vaginal births			
Intact lower genital tract (%)		Vaginal birth with no perineal trauma	All standard primipara vaginal births
Episiotomy & no 3rd/4th degree tear		Vaginal birth with episiotomy but without 3rd or 4th degree tear	"
3rd/4th degree tear without episiotomy		Vaginal birth with 3rd or 4th degree tear and no episiotomy	"
Episiotomy & 3rd/4th degree tear		Vaginal birth with 3rd or 4th degree tear and episiotomy	"
Standard primip unassisted vaginal birth			
Episiotomy in **unassisted** vaginal birth		Unassisted vaginal birth AND episiotomy	Standard primip unassisted vaginal birth
3rd/4th degree tear in **unassisted** vag birth		Unassisted vaginal birth AND 3rd or 4th degree tear	"
Standard primip assisted vaginal birth			
Episiotomy in **assisted** vaginal birth		Assisted vaginal birth AND episiotomy	Standard primip assisted vaginal birth
3rd/4thdegree tear in **assisted** vag birth		Assisted vaginal birth AND 3rd or 4th degree tear	"
MATERNAL MORBIDITY			
Caesarean birth			
Category 1 Caesarean section		Category 1 Caesarean section	All caesareans
General anaesthetic for caesarean section			
Blood transfusion with caesarean section			
All vaginal births			
Blood transfusion with vaginal birth			

All data are babies	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
		Q	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2019	Q1 2020	Q2 2020	Q3 2020
All births (babies)		N	1709	1624	1528	1579	496	460	468	440	717	661	665	732	370	357	254	277	104	121	118	105
Preterm birth <37 weeks	7.5	%	9.6	10.2	10.4	10.6	7.1	6.5	5.8	6.8	7.0	7.4	8.6	8.5	10.8	10.4	9.8	10.1	25.0	28.9	31.4	32.4
Spontaneous preterm birth <37wks		%	5.6	6.2	5.9	5.5	3.8	4.6	2.8	4.5	4.2	5.3	5.4	4.6	6.5	6.7	6.7	5.1	9.6	10.7	12.7	8.6
Iatrogenic preterm birth <37wks		%	4.0	4.0	4.5	5.1	3.2	2.0	3.0	2.3	2.8	2.1	3.2	3.8	4.3	3.6	3.1	5.1	15.4	18.2	18.6	23.8
Admission to NICU		%	11.4	11.1	11.1	10.8																
Babies born at term (>=37wks)		N	1546	1459	1369	1412																
NICU + >=4hrs respiratory support	2.0	%	2.7	2.9	2.6	2.8																
SGA singleton babies (<10th CBC)		N	224	201	193	193	48	45	50	50	89	78	84	84	50	52	29	29	26	22	25	25
Detected SGA		%	37.5	48.3	44.6	48.0	31.3	37.8	40.0	40.0	40.4	46.2	47.6	51	34.0	48.1	34.5	48.7	57.7	77.3	56.0	50.0
SGA at term delivered < 40 wks		%	64.7	59.7	57.0	62.8	75.0	73.3	70.0	82.9	60.7	52.6	52.4	56.1	66.0	61.5	58.6	66.7	65.4	63.6	52.0	65.0

NOTES:

SGA= <10th customised birth weight centile, excluding multiple pregnancies

Detected SGA defined at admission to DU as suspected clinical with no scan or suspected and confirmed by scan

All data are babies	DEFINITIONS	
	Numerator	**Denominator**
All births (babies)		
Preterm birth <37 weeks	Birth from 20-36+6 weeks	All births (babies)
Spontaneous preterm birth <37wks	Spontaneous preterm births (exclude IOL other than after PPROM, elective Caesarean and Prelabour emergency Caesarean)	"
Iatrogenic preterm birth <37wks	Births from 20-36+6 wks following IOL (other than IOL after PPROM) + elective Caesarean + Prelabour emergency Caesarean	"
Admission to NICU	Babies admitted to NICU (any gestation)	All babies
Babies born at term (>=37wks)		
NICU + >=4hrs respiratory support	Babies born from 37+0 weeks and admitted to NICU and ventilated for >=4 hours	Babies born from 37+0 weeks
SGA singleton babies (<10th CBC)	**by customised birthweight centile**	
Detected SGA	suspected SGA and no scan or suspected and confirmed by scan (missing data included in denominator)	SGA babies (<10th centile) by customised birthweight centile
Episiotomy & no 3rd/4th degree tear	SGA babies born at 37+0 - 39+6 weeks	SGA babies (<10th centile) by customised birthweight centile born at >=37 weeks

All data are mothers	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
MODE OF BIRTH		Q	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020
All births		N	1629	1754	1687	1599	475	503	486	455	739	787	713	659	296	340	363	345	103	95	103	115
Spontaneous vertex delivery	62.5	%	46.9	48.6	48.0	49.9	31.8	34.0	32.9	34.9	55.3	55.4	57.1	60.4	49.3	53.5	53.2	53.0	44.7	48.4	33.0	40.9
Instrumental Delivery	9.3	%	13.1	12.1	11.7	12.0	11.4	9.3	10.9	13.4	15.7	15.1	13.6	12.4	11.8	11.8	9.9	11.9	6.8	6.3	11.7	5.2
Caesarean Section	27.9	%	39.6	38.6	39.6	37.7	56.8	56.3	55.6	51.4	28.4	28.7	28.9	27.2	38.2	34.4	36.4	34.2	47.6	44.2	53.4	53.0
Women Registered with NW community		N	495	426	351	364																
Registration in the first trimester	72.3	%	70.9	55.9	63.0	60.7																
STANDARD PRIMIPARA OUTCOMES																						
All standard primip births		N	242	282	253	247	76	61	79	59	124	136	128	128	36	61	58	55				
Spontaneous vaginal birth	65.1	%	35.1	42.6	43.5	47.0	22.4	24.6	30.4	32.2	43.5	47.1	44.5	53.91	33.3	52.5	63.8	49.1				
Instrumental vaginal birth	16.3	%	26.4	23.4	24.5	24.7	23.7	26.2	16.5	25.4	29.0	29.4	26.6	24.22	27.8	19.7	15.5	27.3				
Caesarean section	17.6	%	38.4	34.0	32.0	28.3	53.9	53.2	49.2	42.4	27.4	23.5	28.9	21.88	38.9	27.9	20.7	23.6				
Induction of labour	7.6	%	33.9	29.1	30.8	29.1	39.5	29.5	30.4	44.1	29.8	28.7	35.2	22.66	36.1	29.5	22.4	27.3				
Standard primip vaginal births		N	149	186	172	177	35	37	31	34	90	104	91	100	22	44	46	42				
Intact lower genital tract (%)	27.7	%	8.1	7.0	5.8	8.5	11.4	8.1	6.5	5.9	4.4	7.7	5.5	10	18.2	4.5	4.3	4.8				
Episiotomy & no 3rd/4th degree tear	24.5	%	55.7	51.1	50.6	41.8	65.7	54.1	77.4	52.9	55.6	54.8	53.8	44	45.5	40.9	28.3	28.6				
3rd/4th degree tear without episiotomy	4.4	%	2.0	6.5	4.1	4.5	0.0	0.0	0.0	2.9	1.1	8.7	4.4	4	9.1	6.8	6.5	7.1				
Episiotomy & 3rd/4th degree tear	1.7	%	4.0	4.3	4.1	4.0	0.0	2.7	3.2	0.0	6.7	5.8	2.2	3	0.0	2.3	4.3	9.5				
Standard primip unassisted vaginal birth		N	85	120	110	116	17	24	15	19	54	64	57	69	12	32	37	27				
Episiotomy in **unassisted** vaginal birth		%	43.5	38.3	34.5	24.1	41.2	41.7	60.0	26.3	51.9	42.2	38.6	28.99	16.7	28.1	18.9	11.1				
3rd/4th degree tear in **unassisted** vag birth		%	2.4	10.0	6.4	6.0	0.0	0.0	0.0	0.0	1.9	15.6	7.0	5.797	8.3	6.3	8.1	11.1				
Standard primip assisted vaginal birth		N	64	66	62	61	18	13	16	15	36	40	34	31	10	12	9	15				
Episiotomy in **assisted** vaginal birth		%	81.3	86.4	90.3	86.9	88.9	84.6	100.0	86.7	77.8	90.0	85.3	87.1	80.0	83.3	88.9	86.7				
3rd/4thdegree tear in **assisted** vag birth		%	10.9	12.1	11.3	13.1	0.0	7.7	6.3	6.7	16.7	12.5	5.9	9.677	10.0	16.7	22.2	26.7				
MATERNAL MORBIDITY																						
Caesarean birth		N	645	677	668	604	114	118	133	119	49	42	54	61	270	281	270	235	210	228	206	179
Category 1 Caesarean section		%	5.4	6.4	8.1	7.0	1.5	1.8	4.8	2.6	7.1	8.3	11.7	11.17	9.6	10.2	8.3	8.4	8.2	11.9	7.4	8.2
General anaesthetic for caesarean section	8.2	%	6.4	7.1	5.4	5.3																
Blood transfusion with caesarean section	3.1	%	2.8	2.1	1.3	2.0																
All vaginal births		N	984	1077	1019	998																
Blood transfusion with vaginal birth	2.2	%	2.4	2.0	2.1	2.0																

Notes:

Most data from Healthware and correct at time of analysis but may change after further routine cleaning

Standard primipara definition: 20-34 years, singleton, cephalic, P0, 37+0-41+6 weeks at birth, excluding any hypertension, any diabetes, fetal problems (stillbirth, suspected SGA), APH, PROM (datetime ROM<datetime onset of contractions)(Data from Healthware)

GP, other DHB, unbooked included with "All births at NWH" but excluded from breakdown by caregiver columns

NZ average sourced from NZ maternity report or maternity indicators report

Green = NWH performance better than national average; Amber = national average lies within NWH 25-75th centile; Red = national average lies outside NWH 25th or 75th centile

All data are mothers		DEFINITIONS	
MODE OF BIRTH		**Numerator**	**Denominator**
All births			
Spontaneous vertex delivery		Vaginal unassisted birth	All births
Instrumental Delivery		Assisted vaginal birth	All births
Caesarean Section	Link to SPC chart	Caesarean section	All births
Women Registered with NW community			
Registration in the first trimester		First antenatal/booking visit <14 weeks	All women under DHB primary care, excluding those previously registered in this pregnancy with another LMC
STANDARD PRIMIPARA OUTCOMES			
All standard primip births			
Spontaneous vaginal birth		Unassisted vaginal birth	All standard primipara births
Instrumental vaginal birth		Assisted vaginal birth (any of Ventouse or forceps)	"
Caesarean section		Caesarean section (any type)	"
Induction of labour		Induction of labour (any method; includes syntocinon before 4 cm dilated)	"; should probably exclude elective CS but does not
Standard primip vaginal births			
Intact lower genital tract (%)		Vaginal birth with no perineal trauma	All standard primipara vaginal births
Episiotomy & no 3rd/4th degree tear		Vaginal birth with episiotomy but without 3rd or 4th degree tear	"
3rd/4th degree tear without episiotomy		Vaginal birth with 3rd or 4th degree tear and no episiotomy	"
Episiotomy & 3rd/4th degree tear		Vaginal birth with 3rd or 4th degree tear and episiotomy	"
Standard primip unassisted vaginal birth			
Episiotomy in **unassisted** vaginal birth		Unassisted vaginal birth AND episiotomy	Standard primip unassisted vaginal birth
3rd/4th degree tear in **unassisted** vag birth		Unassisted vaginal birth AND 3rd or 4th degree tear	"
Standard primip assisted vaginal birth			
Episiotomy in **assisted** vaginal birth		Assisted vaginal birth AND episiotomy	Standard primip assisted vaginal birth
3rd/4thdegree tear in **assisted** vag birth		Assisted vaginal birth AND 3rd or 4th degree tear	"
MATERNAL MORBIDITY			
Caesarean birth			
Category 1 Caesarean section		Category 1 Caesarean section	All caesareans
General anaesthetic for caesarean section			
Blood transfusion with caesarean section			
All vaginal births			
Blood transfusion with vaginal birth			

All data are babies	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
		Q	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2019	Q3 2019	Q4 2019	Q1 2020
All births (babies)		N	1657	1772	1709	1624	486	509	496	460	745	790	717	661	308	351	370	357	103	94	104	121
Preterm birth <37 weeks	7.5	%	10.0	8.6	9.6	10.2	8.6	5.7	7.1	6.5	7.7	7.2	7.0	7.4	12.3	9.7	10.8	10.4	22.3	20.2	25.0	28.9
Spontaneous preterm birth <37wks		%	5.9	5.0	5.6	6.2	3.5	3.3	3.8	4.6	5.4	4.8	4.2	4.8	8.4	5.1	6.5	6.7	9.7	7.4	9.6	10.7
Iatrogenic preterm birth <37wks		%	4.2	3.6	4.0	4.0	5.1	2.4	3.2	2.0	2.3	2.4	2.8	2.4	3.9	4.6	4.3	3.6	12.6	12.8	15.4	18.2
Admission to NICU		%	11.0	11.2	11.4	11.1																
Babies born at term (>=37wks)		N	1491	1619	1546	1459																
NICU + >=4hrs respiratory support	2.0	%	2.6	2.8	2.7	2.9																
SGA singleton babies (<10th CBC)		N	229	254	224	212	46	51	48	51	108	114	89	79	46	57	50	55	26	21	26	23
Detected SGA		%	27.9	35.4	29.9	36.8	26.1	31.4	27.1	21.6	29.6	34.2	34.8	39.2	30.4	29.8	26.0	34.5	19.2	61.9	34.6	65.2
SGA at term delivered < 40 wks		%	60.3	57.1	64.7	59.4	73.9	72.5	75.0	72.5	58.3	54.4	60.7	51.9	47.8	52.6	66.0	60.0	69.2	52.4	65.4	65.2

NOTES:

SGA= <10th customised birth weight centile, excluding multiple pregnancies

Detected SGA defined at admission to DU as suspected clinical with no scan or suspected and confirmed by scan

All data are babies	DEFINITIONS	
	Numerator	**Denominator**
All births (babies)		
Preterm birth <37 weeks	Birth from 20-36+6 weeks	All births (babies)
Spontaneous preterm birth <37wks	Spontaneous preterm births (exclude IOL other than after PPROM, elective Caesarean and Prelabour emergency Caesarean)	"
Iatrogenic preterm birth <37wks	Births from 20-36+6 wks following IOL (other than IOL after PPROM) + elective Caesarean + Prelabour emergency Caesarean	"
Admission to NICU	Babies admitted to NICU (any gestation)	All babies
Babies born at term (>=37wks)		
NICU + >=4hrs respiratory support	Babies born from 37+0 weeks and admitted to NICU and ventilated for >=4 hours	Babies born from 37+0 weeks
SGA singleton babies (<10th CBC)	**by customised birthweight centile**	
Detected SGA	suspected SGA and no scan or suspected and confirmed by scan (missing data included in denominator)	SGA babies (<10th centile) by customised birthweight centile
Episiotomy & no 3rd/4th degree tear	SGA babies born at 37+0 - 39+6 weeks	SGA babies (<10th centile) by customised birthweight centile born at >=37 weeks

All data are mothers	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
MODE OF BIRTH		Q	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020
All births		**N**	**1754**	**1687**	**1599**	**1509**	**503**	**486**	**455**	**463**	**787**	**713**	**659**	**658**	**340**	**363**	**345**	**250**	**95**	**103**	**115**	**115**
Spontaneous vertex delivery	62.5	%	48.6	48.0	49.9	48.4	34.0	32.9	34.9	33.3	55.4	57.1	60.4	57.9	53.5	53.2	53.0	54.4	48.4	33.0	40.9	40.0
Instrumental Delivery	9.3	%	12.1	11.7	12.0	11.1	9.3	10.9	13.4	11.7	15.1	13.6	12.4	12.5	11.8	9.9	11.9	9.2	6.3	11.7	5.2	7.0
Caesarean Section	27.9	%	38.6	39.6	37.7	39.8	56.3	55.6	51.4	54.4	28.7	28.9	27.2	28.7	34.4	36.4	34.2	36.0	44.2	53.4	53.0	52.2
Women Registered with NW community		**N**	426	351	364	393																
Registration in the first trimester	72.3	%	55.9	63.0	61.3	59.0																
STANDARD PRIMIPARA OUTCOMES																						
All standard primip births		**N**	**284**	**265**	**262**	**242**	**71**	**80**	**68**	**74**	**138**	**130**	**129**	**127**	**60**	**58**	**61**	**35**				
Spontaneous vaginal birth	65.1	%	45.1	44.5	45.4	42.1	28.2	35.0	32.4	24.32	50.0	44.6	53.5	48.82	51.7	67.2	44.3	57.1				
Instrumental vaginal birth	16.3	%	22.9	23.8	24.4	21.1	23.9	18.8	25.0	21.62	27.5	26.2	24.8	25.2	18.3	15.5	24.6	5.7				
Caesarean section	17.6	%	32.0	31.7	30.2	36.8	46.3	47.9	42.6	54.05	22.5	29.2	21.7	26.0	30.0	17.2	31.1	37.1				
Induction of labour	7.6	%	34.5	33.6	33.6	40.1	39.4	40.0	57.4	52.7	32.6	35.4	23.3	30.71	33.3	22.4	29.5	40.0				
Standard primip vaginal births		**N**	**193**	**181**	**183**	**153**	**43**	**37**	**39**	**34**	**107**	**92**	**101**	**94**	**42**	**48**	**42**	**22**				
Intact lower genital tract (%)	27.7	%	7.8	6.1	7.1	8.5	9.3	5.4	2.6	11.76	8.4	5.4	7.9	6.4	4.8	6.3	7.1	9.1				
Episiotomy & no 3rd/4th degree tear	24.5	%	50.3	49.7	43.7	47.1	55.8	73.0	59.0	38.24	50.5	54.3	43.6	57.4	45.2	25.0	31.0	18.2				
3rd/4th degree tear without episiotomy	4.4	%	5.7	3.9	3.8	0.7	0.0	0.0	5.1	2.9	8.4	4.3	3.0	0.0	4.8	6.3	4.8	0.0				
Episiotomy & 3rd/4th degree tear	1.7	%	3.6	4.4	3.8	2.0	2.3	2.7	0.0	0.0	5.6	2.2	4.0	3.2	0.0	6.3	7.1	0.0				
Standard primip unassisted vaginal birth		**N**	**128**	**118**	**119**	**102**	**28**	**20**	**22**	**18**	**69**	**58**	**69**	**62**	**31**	**39**	**27**	**20**				
Episiotomy in **unassisted** vaginal birth		%	36.7	34.7	26.1	37.3	42.9	60.0	36.4	33.33	37.7	37.9	29.0	48.39	29.0	17.9	11.1	10.0				
3rd/4th degree tear in **unassisted** vag birth		%	9.4	6.8	5.0	2.0	0.0	0.0	0.0	5.6	14.5	6.9	5.8	1.6	6.5	10.3	7.4	0				
Standard primip assisted vaginal birth		**N**	**65**	**63**	**64**	**51**	**15**	**17**	**17**	**16**	**38**	**34**	**32**	**32**	**11**	**9**	**15**	**2**				
Episiotomy in **assisted** vaginal birth		%	87.7	90.5	87.5	72.5	86.7	94.1	88.2	43.75	89.5	88.2	87.5	84.38	90.9	88.9	86.7	100				
3rd/4thdegree tear in **assisted** vag birth		%	9.2	11.1	12.5	3.9	6.7	5.9	11.8	0	13.2	5.9	9.4	6.25	0.0	22.2	20.0	0.0				
MATERNAL MORBIDITY																						
Caesarean birth		**N**	**677**	**668**	**604**	**600**	**281**	**270**	**235**	**252**	**228**	**206**	**179**	**189**	**118**	**133**	**119**	**90**	**42**	**54**	**61**	**60**
Category 1 Caesarean section		%	6.4	8.1	7.0	7.0	1.8	4.8	2.6	3.6	8.3	11.7	11.2	12.17	10.2	8.3	8.4	7.8	11.9	7.4	8.2	3.3
General anaesthetic for caesarean section	8.2	%	7.1	5.4	5.3	4.5																
Blood transfusion with caesarean section	3.1	%	2.1	1.3	2.0	3.7																
All vaginal births		**N**	**1077**	**1019**	**998**	**909**																
Blood transfusion with vaginal birth	2.2	%	2.0	2.1	2.0	2.8																

Notes:

Most data from Healthware and correct at time of analysis but may change after further routine cleaning

Standard primipara definition: 20-34 years, singleton, cephalic, P0, 37+0-41+6 weeks at birth, excluding any hypertension, any diabetes, fetal problems (stillbirth, suspected SGA), APH, PROM (method ROM=Spont and datetime ROM<datetime onset of contractions, or induction indication =PROM or PPROM, or delivery mothod = caesarean-not in established labour and datetime delivery-datetime ROM>1 hour)(Data from Healthware)

GP, other DHB, unbooked included with "All births at NWH" but excluded from breakdown by caregiver columns

NZ average sourced from NZ maternity report or maternity indicators report

Green = NWH performance better than national average; Amber = national average lies within NWH 25-75th centile; Red = national average lies outside NWH 25th or 75th centile

All data are mothers		DEFINITIONS	
MODE OF BIRTH		**Numerator**	**Denominator**
All births			
Spontaneous vertex delivery		Vaginal unassisted birth	All births
Instrumental Delivery		Assisted vaginal birth	All births
Caesarean Section	Link to SPC chart	Caesarean section	All births
Women Registered with NW community			
Registration in the first trimester		First antenatal/booking visit <14 weeks	All women under DHB primary care, excluding those previously registered in this pregnancy with another LMC
STANDARD PRIMIPARA OUTCOMES			
All standard primip births			
Spontaneous vaginal birth		Unassisted vaginal birth	All standard primipara births
Instrumental vaginal birth		Assisted vaginal birth (any of Ventouse or forceps)	"
Caesarean section		Caesarean section (any type)	"
Induction of labour		Induction of labour (any method; includes syntocinon before 4 cm dilated)	"; should probably exclude elective CS but does not
Standard primip vaginal births			
Intact lower genital tract (%)		Vaginal birth with no perineal trauma	All standard primipara vaginal births
Episiotomy & no 3rd/4th degree tear		Vaginal birth with episiotomy but without 3rd or 4th degree tear	"
3rd/4th degree tear without episiotomy		Vaginal birth with 3rd or 4th degree tear and no episiotomy	"
Episiotomy & 3rd/4th degree tear		Vaginal birth with 3rd or 4th degree tear and episiotomy	"
Standard primip unassisted vaginal birth			
Episiotomy in **unassisted** vaginal birth		Unassisted vaginal birth AND episiotomy	Standard primip unassisted vaginal birth
3rd/4th degree tear in **unassisted** vag birth		Unassisted vaginal birth AND 3rd or 4th degree tear	"
Standard primip assisted vaginal birth			
Episiotomy in **assisted** vaginal birth		Assisted vaginal birth AND episiotomy	Standard primip assisted vaginal birth
3rd/4thdegree tear in **assisted** vag birth		Assisted vaginal birth AND 3rd or 4th degree tear	"
MATERNAL MORBIDITY			
Caesarean birth			
Category 1 Caesarean section		Category 1 Caesarean section	All caesareans
General anaesthetic for caesarean section			
Blood transfusion with caesarean section			
All vaginal births			
Blood transfusion with vaginal birth			

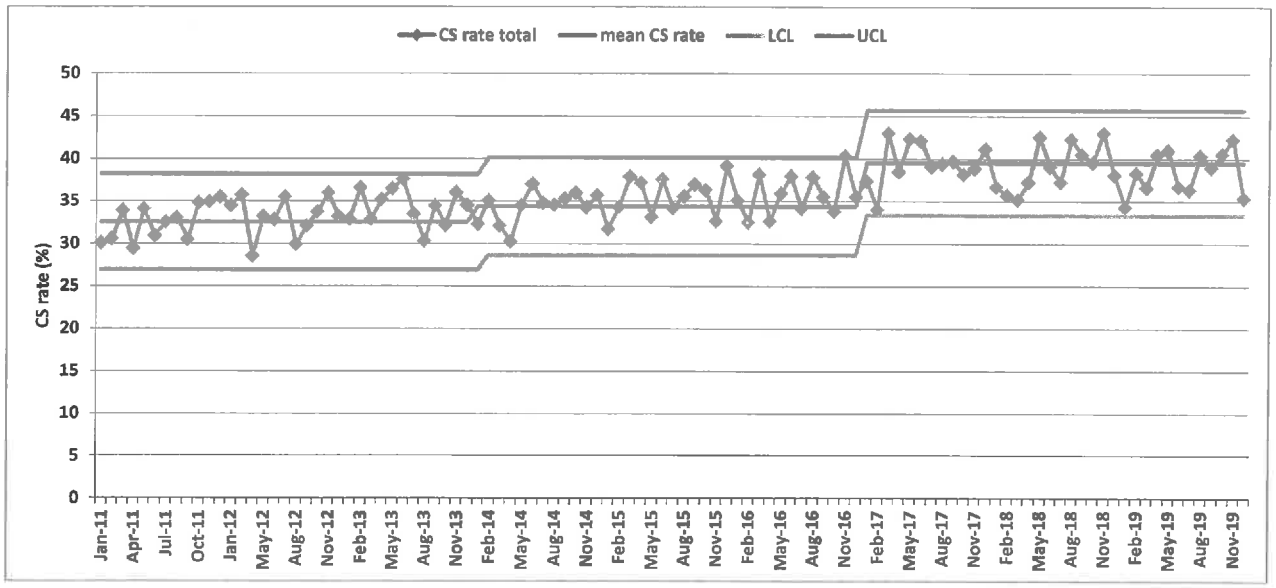
All data are babies	NZ average 2017		All births at NWH				Private Obstetrician				Self Employed MW				NW Community				NW High Risk			
		Q	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2019	Q4 2019	Q1 2020	Q2 2020
All births (babies)		N	1772	1709	1624	1528	509	496	460	468	790	717	661	665	351	370	357	254	94	104	121	118
Preterm birth <37 weeks	7.5	%	8.6	9.6	10.2	10.4	5.7	7.1	6.5	5.8	7.2	7.0	7.4	8.6	9.7	10.8	10.4	9.8	20.2	25.0	28.9	31.4
Spontaneous preterm birth <37wks		%	5.0	5.6	6.2	5.9	3.3	3.8	4.6	2.8	4.8	4.2	5.3	5.4	5.1	6.5	6.7	6.7	7.4	9.6	10.7	12.7
Iatrogenic preterm birth <37wks		%	3.6	4.0	4.0	4.5	2.4	3.2	2.0	3.0	2.4	2.8	2.1	3.2	4.6	4.3	3.6	3.1	12.8	15.4	18.2	18.6
Admission to NICU		%	11.2	11.4	11.1	11.1																
Babies born at term (>=37wks)		N	1619	1546	1459	1369																
NICU + >=4hrs respiratory support	2.0	%	2.8	2.7	2.9	2.6																
SGA singleton babies (<10th CBC)		N	254	224	212	207	51	48	51	55	114	89	79	90	56	50	55	30	21	26	23	27
Detected SGA		%	42.9	37.5	47.2	43.5	35.3	31.3	37.3	38.2	44.7	40.4	45.6	46.7	37.5	34.0	45.5	33.3	66.7	57.7	78.3	55.6
SGA at term delivered < 40 wks		%	57.1	64.7	59.4	57.5	72.5	75.0	72.5	70.9	54.4	60.7	51.9	51.1	53.6	66.0	60.0	60.0	52.4	65.4	65.2	55.6

NOTES:

SGA= <10th customised birth weight centile, excluding multiple pregnancies

Detected SGA defined at admission to DU as suspected clinical with no scan or suspected and confirmed by scan

All data are babies	DEFINITIONS	
	Numerator	**Denominator**
All births (babies)		
Preterm birth <37 weeks	Birth from 20-36+6 weeks	All births (babies)
Spontaneous preterm birth <37wks	Spontaneous preterm births (exclude IOL other than after PPROM, elective Caesarean and Prelabour emergency Caesarean)	"
Iatrogenic preterm birth <37wks	Births from 20-36+6 wks following IOL (other than IOL after PPROM) + elective Caesarean + Prelabour emergency Caesarean	"
Admission to NICU	Babies admitted to NICU (any gestation)	All babies
Babies born at term (>=37wks)		
NICU + >=4hrs respiratory support	Babies born from 37+0 weeks and admitted to NICU and ventilated for >=4 hours	Babies born from 37+0 weeks
SGA singleton babies (<10th CBC)	**by customised birthweight centile**	
Detected SGA	suspected SGA and no scan or suspected and confirmed by scan (missing data included in denominator)	SGA babies (<10th centile) by customised birthweight centile
Episiotomy & no 3rd/4th degree tear	SGA babies born at 37+0 - 39+6 weeks	SGA babies (<10th centile) by customised birthweight centile born at >=37 weeks


CS rate total
mean CS rate
LCL
UCL
CS rate (%)
50
45
40
35
30
25
20
15
10
5
0
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
May-12
Aug-12
Nov-12
Feb-13
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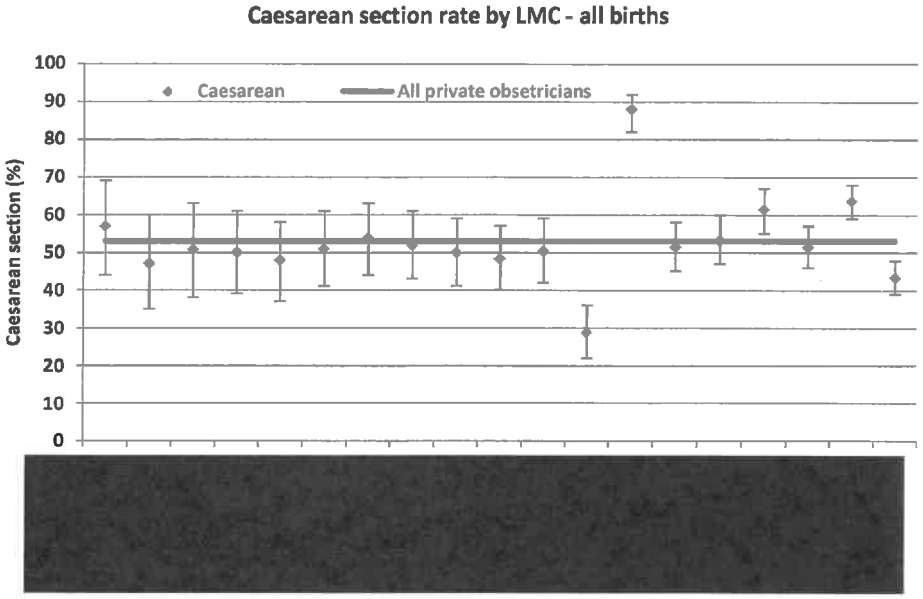
Nov-17
Feb-18
May-18
Aug-18
Nov-18
Feb-19
May-19
Aug-19
Nov-19

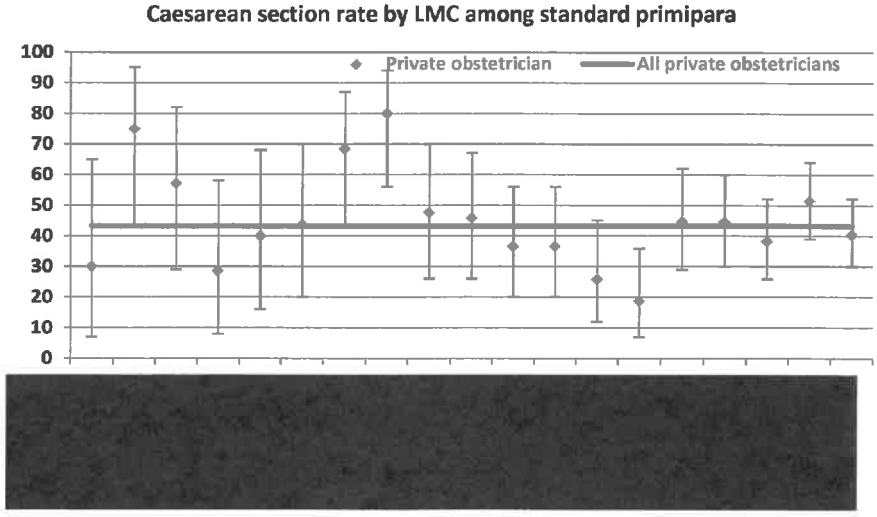
Obstetric statistics for private obstetricians at NWH 2012-2013

Data sourced from Healthware (collation of ACR data extracts). Analyses include only obstetricians who have delivered >=60 women in the years 2012 and 2013.

Obstetricians are organized from left to right according to increasing number of births.



Standard primipara (as defined in the NWH Annual Clinical Report). Note some obstetricians delivered as few as 10 standard primipara in 2012-2013.



MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

Held at 5pm on Thursday 3 September 2015– Conference Room level 9

Attendees: Dereck Souter, Astrid Budden, Liz Curr, Mahesh Harilall, Martin Sowter, Linda Batchelor, Denys Court, Sue Fleming, Gill Gibson, Phil Beatie, Christina Tieu

Apologies: Lisa Meyer, Sylvia Rosevaer, Renuka Bhat, Simon Kelly

1. Active Matters	Discussion	Action Required / Person Responsible
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

[redacted]

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

2. New Matter		
2.1 PO Access agreement	The proposed changes to the existing obstetrician's access agreement were tabled. Sue F explained that she had explored various approaches to more transparently acknowledging the role of private obstetricians as providers of secondary care. The existing agreement was designed for provision of primary care services only and does not adequately reflect the role and responsibilities of obstetricians who also provide secondary care. The group felt this was a positive move. It was agreed that they review the proposed new access agreement and provide feedback to Linda Batchelor to collate and feedback to Sue F.	Linda Batchelor to collate feedback on proposed changes to access agreement and feedback to Sue F.
2.2Outcome data from 2014 ACR	Sue F tabled a view of the 2014 NW outcome data (recently published in the ACR) showing the outcomes for the PO group compared with the public sector. Differences were noted on several dimensions including: CS rates (higher) , sysntocinon use for IOL (lower), perinatal mortality rates (lower), apgars <7 at 5mins (lower), transfusion rates (lower), episiotomy rates (higher,, 3rd/4th degree tears (lower). It was agreed that understanding the reasons for these differences was important. It was agreed that hence forth the data for the public and private sector would be reported separately and that the PO group would take responsibility for providing the commentary for the private patient cohort. It was agreed that the group would look critically at the data and indicate where ADHB could assist with better understanding the reasons for the differences either via further data analysis or use of TI audit. Sue F asked the group to consider how they would develop bench marks against which to assess their outcomes.	PO to provide feedback on outcome data and generate questions. Dereck S to collate and present to ACR planning group.

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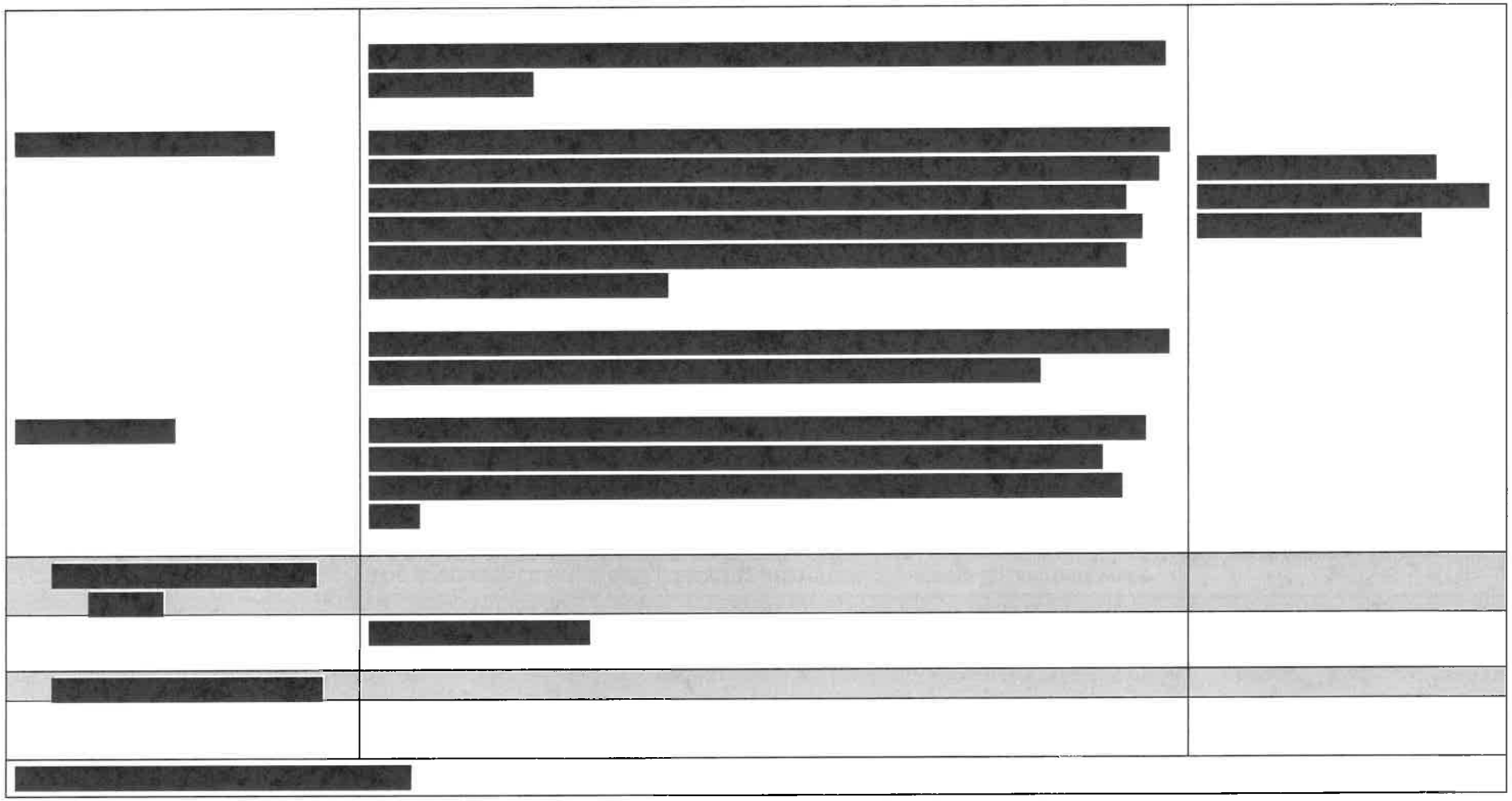
WOMEN'S HEALTHCARE SERVICE GROUP



MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

Held at 5pm on Thursday 19 November 2015– Conference Room level 9

Attendees: Martin Sowter, Lynda Batchelor, Denys Court, Sue Fleming, Tim Dawson, Mahesh Harilall, Dereck Souter, Liz Curr, Kirstie Peake

Apologies: Phil Beattie, Christina Tieu, Katherine McKenzie, Astrid Budden, Neil Pattison, Renuka Bhat, Sylvia Rosevaer, Lisa Meyer, Simon Kelly, Neil Buddicom

1. Active Matters	Discussion	Action Required / Person Responsible
Minutes previous meeting	Accepted	
1.1 Access agreement- further feedback [redacted]	It was agreed that private obstetricians will get together to further discuss this agreement and provide suggestions/feedback. This item will be brought back at the next meeting [redacted]	[redacted]

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

2. New Matter		
[redacted]	[redacted]	
2.2 CS lists over holiday period	Concern had been expressed that there may not be adequate CS slots in the lead up to Christmas. The meeting was informed that Jenny McDougall has established a formal process to manage this process. She is confident that there will be sufficient availability. PO were encouraged to feedback to Denys if there are issues.	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

[redacted]

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

Held at 5pm on Thursday 3rd March 2016 – Conference Room Level 9

Attendees: Lynda Batchelor, Denys Court, Sue Fleming, Mahesh Harilall, Dereck Souter, Astrid Budden, Paul Robinson, Katherine McKenzie

Apologies: Phil Beattie, Neil Pattison, Neil Buddicom, Liz Curr, Cindy Ooi

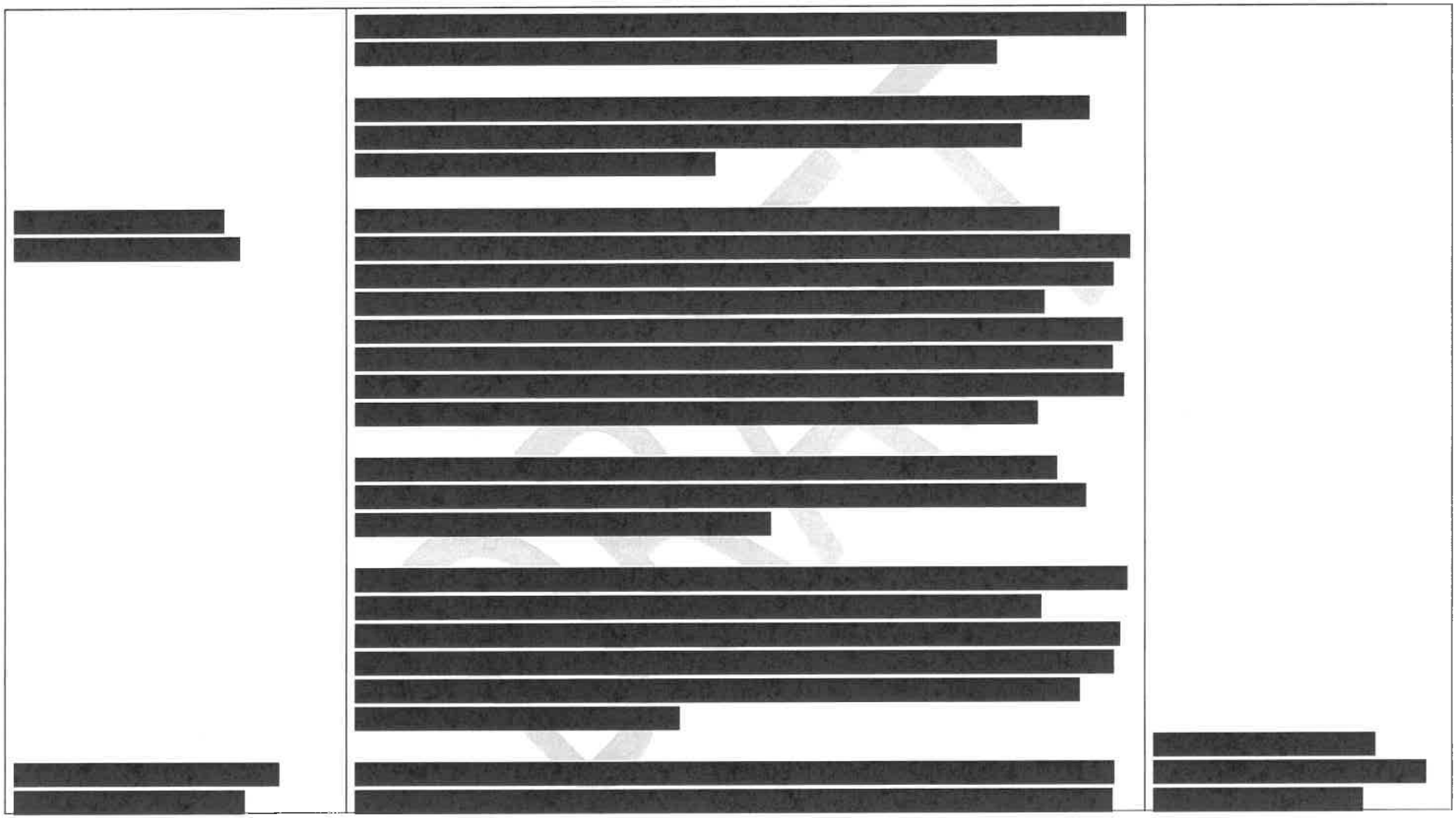
1. Active Matters	Discussion	Action Required / Person Responsible
Minutes previous meeting	Accepted 1.3 change from 'her' to 'he'	
1.1 Access agreement- further feedback	It was agreed that private obstetricians will meet to discuss the access agreement. Will return with points to clarify and suggested changes to the access agreement. Astrid to speak to Lynda and group to report back by next meeting.	Private Obs to meet, provide details on changes within the access agreement by next POGG mtg.
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP



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MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

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Te Toka Tumai

MINUTES

Private Obstetricians Clinical Governance Group Meeting

WOMEN'S HEALTHCARE SERVICE GROUP

[redacted]	[redacted]	
2.4 Elective CS booking forms	The revised Elective CS booking form and policy has been distributed. It is a revised booking form with the removal of the rule indicating 6 weeks prior to requesting the date of delivery. The date can be earlier but patient will not be seen earlier. This will help to see the demand, resource planning and will capture information on reasons for CS. All feedback welcome within the timeframe.	Joanna/Marjet to send out to private LMCs.
[redacted]	[redacted]	
[redacted]	[redacted]	

AUCKLAND DISTRICT HEALTH BOARD
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Private Obstetricians Clinical Governance Group
MINUTES

Date of meeting: 26 July 2018, 1700 - 1830

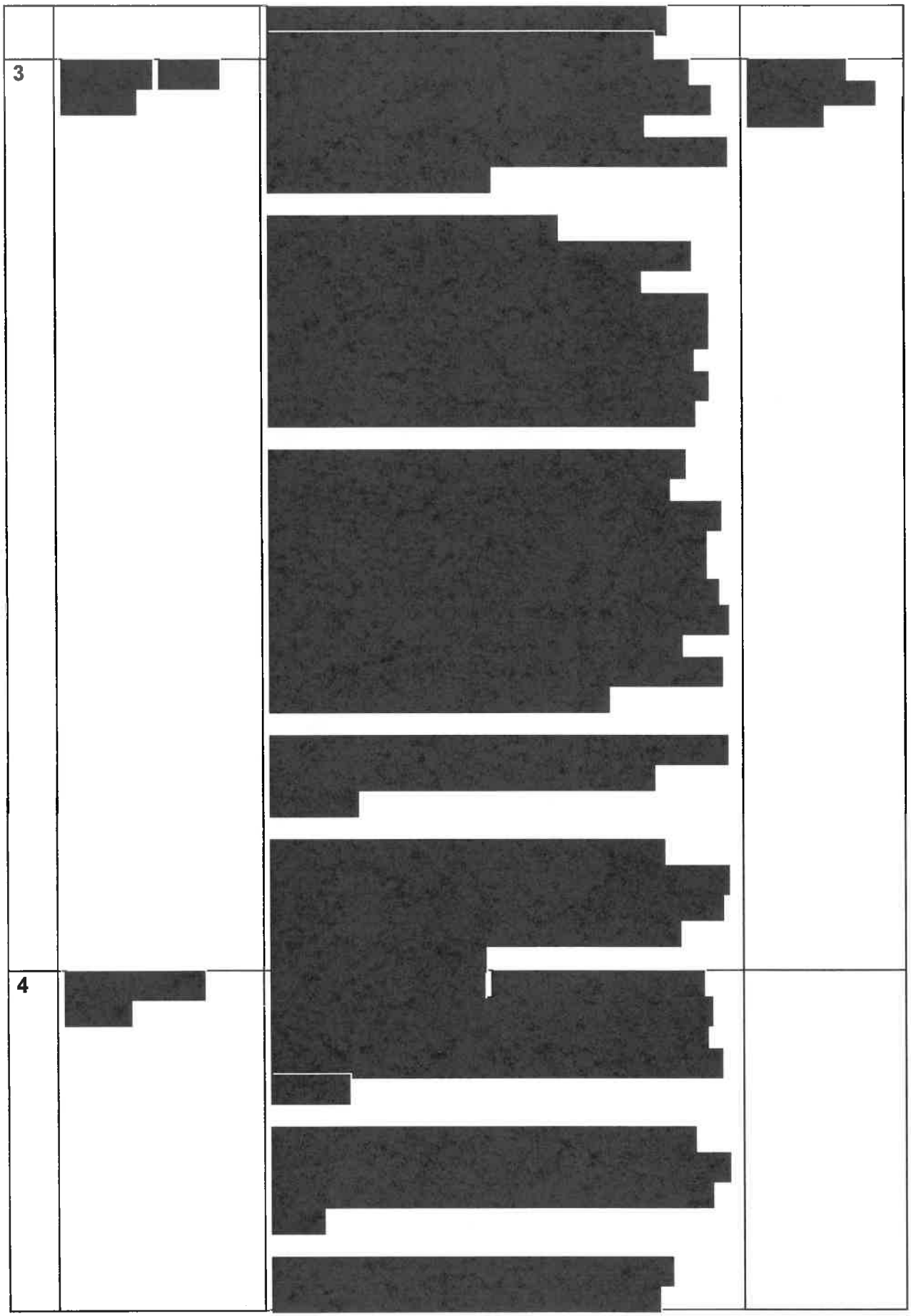
Venue: L9 Conference Room, 92066, Level 9, Building 01, ACH

Attendees: Philip Beattie, Lynda Batcheler, Astrid Budden, Mahesh Harilall, Katherine McKenzie, Martin Sowter, Jenny McDougall, Nick Walker, Joanna Nua (minutes)

Apologies: Liz Curr

Items for discussion

No.	Item	Discussion	Action
1	[redacted]	[redacted]	
2	[redacted]	[redacted]	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		[redacted]	
5	Birthing data reports	Discussion re monthly birthing data reports presented in the meeting documents; other data this group would like to see is: • standard primipara data (see definition below). • HIE rate, ? by year.(however due to small numbers would be difficult to see any trends, data is in the ACR available to read online) • outcome data (PPH, sepsis, tears). • Look at rates of mode of birth for the subgroup of women intending to deliver vaginally, ie exclude those who have planned CS in the denominator. • Data for own practice rates anonymised.(by practice and individual, benchmarked against peers/ other groups)	Jenny to discuss with Marjet. (Jo please will you copy this section and send to Marjet. Maybe she could discuss further with Astrid or Nick)

		• Look at rates for standard primip plus normal BMI Standard primipara A woman with no prior birth > 20 weeks, aged 20-34 years at index birth, with a singleton pregnancy, cephalic presentation, gestation 37-41 completed weeks baby not small for gestational age (customised centile >10th), no medical disease, defined as no history of cardiac disease, renal disease, mental health disorder, SLE, HIV infection, CVA/TIA, diabetes or hypertension, no gestational diabetes in index pregnancy, no pregnancy associated hypertensive disease in index pregnancy, no antepartum haemorrhage during index pregnancy. Vaginal birth Data cleaning: It is best to have the person writing out the discharge summary complete it correctly rather than have the patient leave with the wrong data. Opinion that the data could be cleaned more regularly, rather than once a year for the ACR. [redacted] Jenny will discuss further with Marjet.	
6	[redacted]	[redacted] [redacted]	

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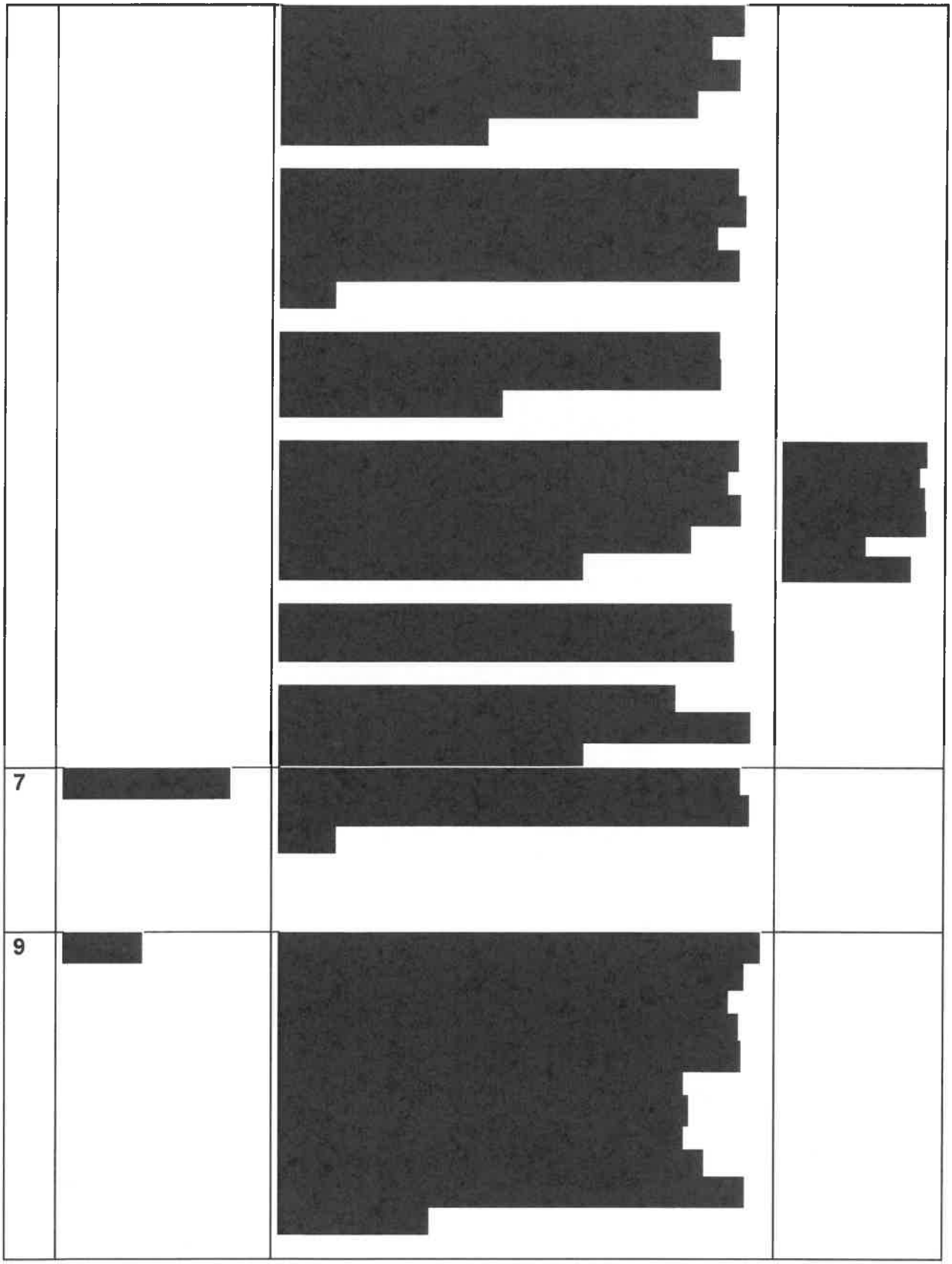
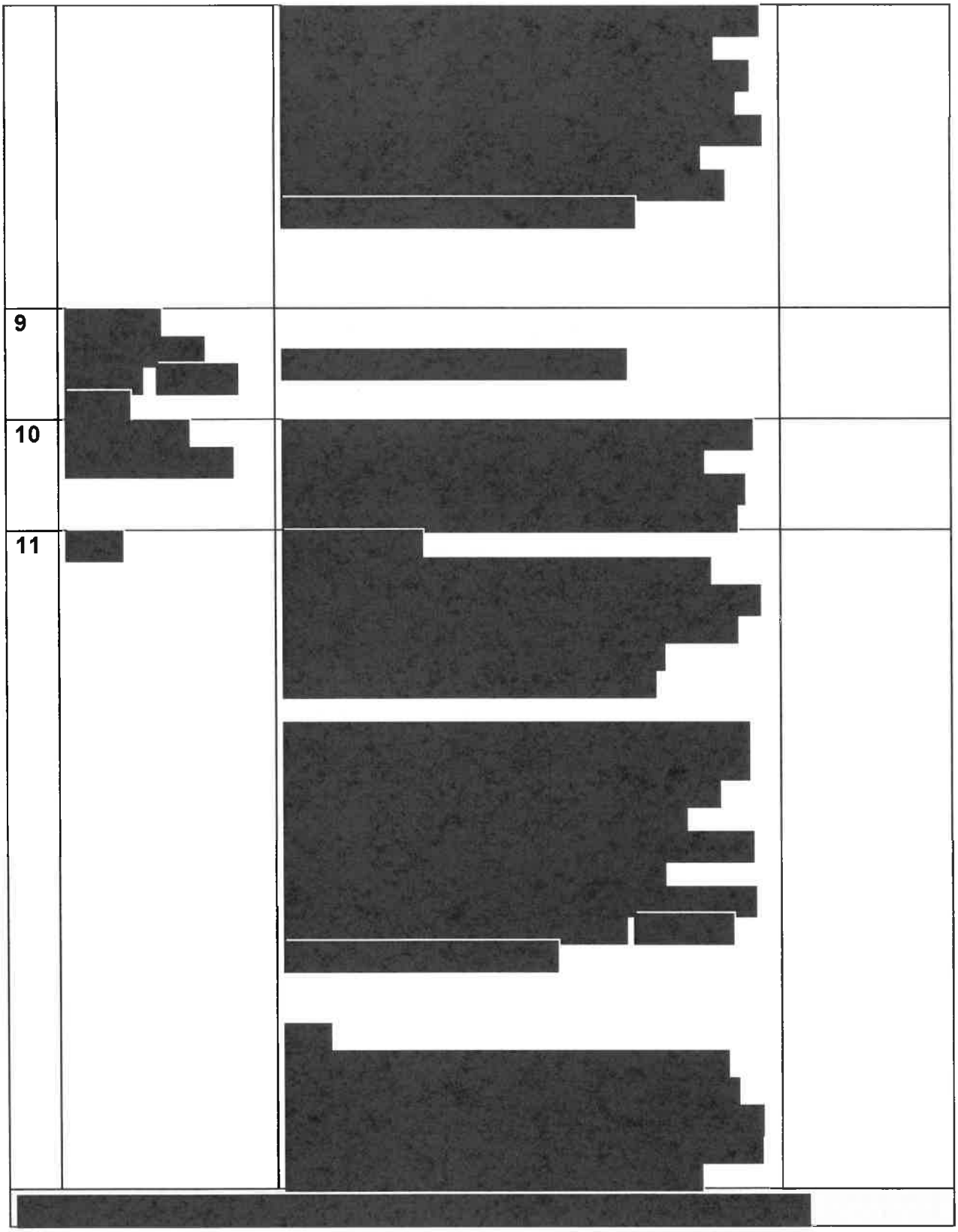
Private Obstetricians Clinical Governance Group
MINUTES

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