

27 March 2019



Dear Brenda

Re Official Information Request – National Women’s Maternity Health Statistics

I refer to your Official Information Act request of 25 February 2019 for the following information:

- 1. Average length of stay for women post C-section and the numbers of women discharged home and those discharged to Birthcare.**
- 2. The number of readmissions of mothers and babies (i) those readmitted for maternal ill health and (ii) those readmitted for health/feeding/weight loss etc. issues related to babies.**
- 3. The ratio of midwives to women in Tamaki Ward both during the day and at night.**
- 4. Can you describe how women need to get to NICU/SCBU from Tamaki Ward are assisted with this considerable “journey” especially at night?**
- 5. What percentage of women with sick babies in NICU are in single rooms and able to have the overnight support of their partners during this stressful time? i.e. is the part of Tamaki Ward that has been reserved for the women who would previously have been in Ward 96 made up of single or double rooms?**

In respect of questions 1 and 2 we have separated them out into the average length of stay for women post C-section; the number of women discharged to Birthcare, and; the number of readmissions for both (i) and (ii).

- 1. Average length of stay for women post Caesarean section, August 2018 –January 2019 (the table has both mean and median).**

Women have a choice about the destination for their discharge. The table below lists the numbers of women who chose Birthcare during August 2018 –January 2019.

Note: women not discharged to Birthcare are discharged home.

Length of Stay (LOS) at NW for women post C-section		
	mean(days)	median(days)
2018 August	3.1	2.3
2018 September	2.9	2.2
2018 October	3.3	2.2
2018 November	2.9	2.2
2018 December	2.9	2.3
2019 January	3.0	2.4

Mothers discharged to Birthcare (includes from Labour & Birth Suite and Postnatal wards)			
Del month & year	Discharge to BC(mother)	Total births(mother)	%
2018 August	290	522	55.6
2018 September	305	536	56.9
2018 October	308	549	56.1
2018 November	292	512	57.0
2018 December	292	544	53.7
2019 January	300	536	56.0

2. The number of readmissions of mothers and babies (i) those readmitted for maternal ill health and (ii) those readmitted for health/feeding/weight loss etc.

PN readmission reasons					
Year/ month	Related to babies* (ii)	%	Maternal ill health (i)	%	Total births (mother)
2018 August	5	1.0	27	5.2	522
2018 September	4	0.7	19	3.5	536
2018 October	9	1.6	28	5.1	549
2018 November	8	1.6	20	3.9	512
2018 December	6	1.1	26	4.8	544
2019 January	1	0.2	12	2.2	536
	Total =33		Total =132		3199

Note: * related to babies readmission includes accompanying babies to NICU or babies requiring paediatric care.

This data comes only from Healthware maternity database. Women and babies may be readmitted to other parts of the hospital and that is not included in this data.

3. **The ratio of midwives to women in Tamaki Ward both during the day and at night.** In terms of leadership we plan for Clinical Charge midwife and a midwife on all shifts day and night. Depending on numbers and acuity the ratios we aim for is 1:5 as per MERAS safe staffing. At times we are unable to achieve this due to the shortage of midwives which you will be aware of as a nationwide issue. In these cases we roster other staff to support our core midwives.
4. **Can you describe how women need to get to NICU/SCBU from Tamaki Ward are assisted with this considerable “journey” especially at night?** Women go to NICU by either walking or they are transported via wheelchair if they are unable to walk. Women with babies in NICU also can be on ward 98 where equally they would walk or be transported in a wheelchair.
5. **What percentage of women with sick babies in NICU are in single rooms and able to have the overnight support of their partners during this stressful time? i.e. is the part of Tamaki Ward that has been reserved for the women who would previously have been in Ward 96 made up of single or double rooms?** I cannot give you an exact percentage of women who are in single or double rooms with babies in NICU. However if women need their partner to

stay then we make every effort to ensure they have a single room to allow their male support person to stay. In double rooms, our mothers can have a female relative /support stay at all times. All babies who are admitted to NICU are not deemed as “a well new-born” otherwise they would be with their mothers in the postnatal wards. Our single rooms are also used for our mothers who have had a traumatic delivery or who may have other health issues. These rooms are allocated with many factors needing to be assessed across all our women at any given time.

You also asked for some information on the SMILE campaign. The SMILE campaign is being put together to provide information to women around some key health messages for pregnancy. Some of these items reflect new research or recommendations that may not be widely known.

The acronym stands for

- **S**moke and Alcohol free
- **M**ental health matters
- **I**mmunise
- **L**ie on your side
- **E**at healthily

A poster and leaflet with further information on each heading has been developed. These resources have been developed with input from midwifery leaders, communications and planning, funding and outcomes. The development of the resources is in response to feedback that some advice and services available to women haven't been widely promoted and uptake and/or awareness is therefore low.

The materials have been reviewed for health literacy by Health Link North as well as consumer tested with maternity consumer representatives and several young women's and Māori and Pacific mothers groups. Several options were discussed with the focus group and the feedback of these women has influenced the design and content development.

We encourage women and midwives to contact us directly if they have positive feedback about our services, or if they have any concerns. It is very important to us that all women and their whānau feel comfortable, cared for, and listened to throughout their maternity journey with us. We really value working in partnership with them and understanding their experiences of being cared for in our service. We are committed to using this understanding to continually improve our service.

I trust this information answers your questions.

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