



Lead Maternity Carer Access Holders Handbook 2024

Capital, Coast

Women's Health Service

Te Whatu Ora
Health New Zealand

Capital, Coast and Hutt Valley

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A guide for Lead Maternity Carer Access Holders to navigate services in Capital Coast Women's Health / Maternity Services.

This handbook should be used alongside current electronic information on the Te Whatu Ora: Capital Coast & Hutt Valley website (LMC Hub) and internal intranet.

The LMC hub can be found on the Te Whatu Ora CCHV midwifery webpage



Scan the QR code or click [here](#)

For a full list of clinical policies, protocols and information sheets, click on the District Docs icon in the LMC Hub.

To access District Docs when you are offsite:

1. Go to the LMC Hub then
2. Go to the Accessing policies, guidelines and forms icon and click
3. Logon to Whatu Ora Capital, Coast and Hutt Valley- CITRIX gateway
4. Log into Citrix gateway
5. Click on the DISTRICT DOCS icon

This document was created as a project for the Maternity Quality & Safety Programme which aims to improve the maternity care we provide to whānau in our region and the health and wellbeing of our communities. Special thanks to all who were involved in the production of this document.

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Welcome to Te Whatu Ora: Capital, Coast – Women’s Health Service

Introduction

If you are just starting out, has moved here recently, or you have been an LMC in our region for many years – we are very glad to have you providing the midwifery care that is essential to the health and wellbeing of our communities.

This handbook is intended to both support you in your provision of care and support us all in the collaborative care we provide together when required. This is intended to be a living document that we all contribute to as things change in our environment and within our services.

Capital, Coast maternity facilities provide primary, secondary and tertiary care for approximately 3500 whānau who have their babies each year.

Capital, Coast has three maternity facilities:

- Wellington Maternity Service at Wellington Hospital – primary/secondary/tertiary maternity facility
- Kenepuru Maternity unit at Kenepuru Community Hospital – primary birthing unit, level 1
- Paraparaumu Maternity Unit at Kāpiti Health Centre - standalone birthing unit, level 0

This handbook contains information about Te Whatu Ora maternity facilities and services. You will be able to find the administrative documents you need to complete, how to access ICT systems, hospital parking available to LMCs, the multidisciplinary forums you can participate in and how to refer people to relevant services.

If you have any feedback, updates or ideas for this handbook please contact MQSP@ccdhb.org.nz.

Maternity Quality & Safety Programme (MQSP)

The Maternity Quality and Safety Programme (MQSP) was established 2012. It aims to:

- Improve local maternity quality and safety
- Improve national maternity service improvement tools and support
- Monitor outcomes and establish national priorities for maternity quality and safety
- Broaden the scope and visibility of maternity quality activities.

The [National Maternity Monitoring Group](#) oversees the National [Maternity Standards](#), their analysis and reporting and advises on priorities for improving the quality and safety of the Maternity services.

The Capital, Coast and Hutt Valley (CCHV) MQSP governance group is responsible for agreeing the local MQSP work plan, progressing MQSP projects and allocating funding for initiatives that reflect local maternity service priorities.

The MQSP Governance group is chaired by the Director of Midwifery and has representatives that include – Māori, and Pacific whānau, the disability community, midwife LMCs, Midwifery Managers, Operations Managers, Clinical Obstetric Leads, and the MQSP midwife coordinators.

There are two MQSP midwife coordinators for Capital, Coast. They are responsible for progressing the improvement projects they have been allocated to. If you have ideas for initiatives that would improve the maternity care in our communities and want to apply for funding, contact MQSP@ccdhb.org.nz .

Administrative and Legal Requirements

Access Agreements, Identification and Security

To apply for an access agreement, please complete all of the forms listed below. These are available online ([here](#)).

- National Access Agreement
- Vulnerable Children’s Act (VCA) Children’s Worker Safety Check
- ICT and Security access agreement
- Photo ID card request form
- Swipe card access form

Also attach copies of all required supporting documentation:

- Annual Practicing Certificate (updated annually - for the Midwifery Council website click [here](#))
- Indemnity insurance (updated annually)
- Two referees: names and contact details
- Photo ID – Passport or driver’s license
- Evidence of COVID vaccination (or email clearance from occupational health). For any issues email the Director of Midwifery, Carolyn.Coles@ccdhb.org.nz

Please email all documents to Woman’s Health Service (WHS) Administrator at RES-WHA@ccdhb.org.nz. The WHS Administrator will process your agreement once all information has been provided.

The administrator will arrange an ICT account, including BadgerNet training, security and ID badges.

Women's Health Service Administration

Contact the administrator on RES-WHA@ccdhb.org.nz if you:

- require additional information regarding access
- have changes to make to your contact details
- have updated your APC, VCA documentation and indemnity

To ensure continued access to Capital, Coast, please provide the administrator with your updated APC before expiration.

Security cards

Security cards enable you to access maternity facilities after-hours and staff only areas.

Photo ID cards must be carried at all times. Cards contain bar codes which give access to Pyxis and Glucometer machines.

If you lose your security cards, please report it to Security immediately. Security staff will deactivate your lost card and re-issue you with a new one.

Emergency parking for LMC's

Four LMC emergency parking spaces are available and these **will not** be limited to three hours, provided that the vehicle is displaying a valid LMC permit. The LMC parking spaces are situated to the right of the Emergency Department entrance.

If the LMC car parks are full and you need to park in an on-call emergency car park, **the three hour limit will remain**. If you receive a breach notice while parking in an on-call emergency care, and have a valid reason for going over the three hour limit, you can apply to have the fine waived through the Care Park disputes process.

LMCs can also apply to park in the PM Parking Spaces. Needs-based parking permit forms can be found [here](#). These forms need to be renewed annually. There is free LMC parking at Kenepuru and Paraparaumu Maternity Units.

Computer systems

LMC computer logins and access

All LMC's will be allocated a Capital, Coast computer login and email address.

If you have computer access problems outside the facilities you can contact: IT.ServiceDesk@ccdhb.org.nz, or log a ticket on the ICT help desk portal on the intranet homepage. For information on how to set up remote access to computer systems via Citrix click [here](#).

Midwifery webpage and LMC Hub

This provides access to all midwifery related information, including the LMC Hub. The LMC Hub gives you access to a range of documents and links to access education and for loan equipment. The Midwifery page can be accessed via google search CCDHB Midwifery. The LMC Hub can be accessed through the LMC Hub icon on the Midwifery page or click here for the [LMC Hub](#).

To set up access to your Capital, Coast emails on your smart device

Ensure your device is password protected for security, then use the following comprehensive guide [here](#). Contact the ICT help desk from the intranet homepage if you have any problems with set-up.

Capital, Coast email

Your Capital, Coast email address provides a secure (health approved) way to send patient information and receive important communications from Capital, Coast. We recommend connecting your email to your phone to ensure you receive updates which may impact your clients, or you working on Capital, Coast sites. **Scanned documents from photocopy machines are sent to this email address.**

We will send emails to your preferred email address – for LMC only correspondence.

Capital, Coast citrix desktop

The Capital, Coast Citrix desktop provides access to clinical information systems (e.g. MAP, BadgerNet, ConnectMe, District Docs). To access the Capital Coast desktop from home go to www.ccdhb.org.nz, then click on

Staff and provider login

and login via Citrix by clicking on

Log into
Citrix gateway

Capital, Coast intranet (internal)

The Capital, Coast intranet provides access to information about Te Whatu Ora services, changes to services and health related events across the Wellington region. **This page can be accessed onsite at any facility, or you can logon via Citrix if you are offsite.**

Accessing policies, guidelines and patient information sheets

These can be accessed via DistrictDocs, the electronic documents and records management system. All policies, procedures, forms, guidelines and patient information pages are stored on DistrictDocs and are reviewed on a five year cycle (unless specified otherwise).

Access DistrictDocs with your Citrix login via LMC Hub link, or access through the intranet homepage by clicking on the DistrictDocs icon.



Medical Application Portal (MAP)

MAP provides laboratory results, referrals and clinical documentation letters and summaries for all Capital, Coast patients. Click on the Medical App icon on the Citrix desktop when offsite or click on the Start menu and find the icon on the clinical systems tab on the computers that are onsite.



Medical App Portal

Initial set-up is required to manage unsigned results ([click here](#)) for instructions. If you are on leave, results can be forwarded to another user ([click here](#)) for instructions.

Records should only be accessed for people who you are providing care. This

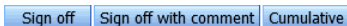
system should must not be used for personal use.

Ordering tests in hospital

Any tests or investigations ordered in hospital are reported on the Medical Applications Portal (MAP). Tests are ordered under an event (inpatient) number, and clinician.

All tests require electronic sign-off, by the ordering clinician, within 10 days. Remember to logon to MAP to sign off any tests you have ordered. *This is a safety mechanism to ensure abnormal test results are actioned.* Follow-up will occur if you have not signed off your results within this timeframe.

Unsigned test results can be signed-off by clicking on the following:



NB: If you have not ordered the test or will be away when the results return, these can be transferred for sign-off.



MAP referrals

Some referrals are possible through the persons NHI on MAP.

There are two processes for referrals in MAP depending on the service.



To access general referrals, click on **Clinical Documents**

Click on **New Document** (left above results) and select appropriate referral. New referrals are added to this area regularly, so if you are unsure, check the latest policy on DistrictDocs



To access **Patient Administration** referrals for ORA: Social Worker, Dietetic and Physiotherapy referrals, click on [Patient Administration / Referral Functions Menu / Patient Referral List](#).

Click on [Add Referral](#) (top right of referral list), and locate ORA referral type.

Find a Midwife service

The NZCOM provides a national find your midwife website
<https://www.findyourmidwife.co.nz/>

However there is also a local service available for LMC midwives to list their details on. Please email FindAmidwife@ccdhb.org.nz if you would like to be added to the [local](#) Capital and Coast Find a Midwife webpage.

In the first instance, for pregnant people who have not been able to find an LMC midwife, please direct them to the **Contact us form** on the Capital, Coast website Maternity page or tell them that they can ring 0800 346 369.

If they have not found a midwife and require an **urgent referral**, please use **MAP** to refer to the Community Midwifery Team (CMT) at Wellington Hospital or call the **CMT 021 199 8257 (for midwife use only)**.

Key Contacts

Capital, Coast & Hutt Valley (main)	04 385 5999	www.ccdhb.org.nz
Womens Health Management		
Womens Health Administrator	04 385 5999 ext 4907	RES-WHA@ccdhb.org.nz
Director of Midwifery	027 836 0294	Carolyn Coles Carolyn.Coles@ccdhb.org.nz
Associate Directors of Midwifery	027 205 8343 027 283 0491	Wendy.castle@ccdhb.org.nz Karen.Daniells@ccdhb.org.nz
Midwifery Educators		Katie Little Sara-Jane May Veronica Woodhouse RES-MidwifeEducators@ccdhb.org.nz
Clinical Coach Midwives	027 208 0829 027 254 2935	Paula Pila Terry Wiffen ClinicalCoachMidwife@ccdhb.org.nz
Obstetric Clinical Lead	027 570 3718	Rose Elder rose.elder@ccdhb.org.nz
Combined Clinical Leader	027 570 3719	Fali Langdana fali.langdana@ccdhb.org.nz
Womens Clinics		
Womens Clinics Charge Nurse Manager	021 199 8209	Denise Braid denise.braid@ccdhb.org.nz

Womens Clinics	04 806 0778	Referrals: RES- PrimCareRef@ccdhb.org.nz
Women's Health Assessment Service (WHAS)	04 806 0740 04 806 0735	Referrals: womensacutes@CCDHB.org .nz
WHAS O&G Registrar	021 199 8243	
Te Mahoe Nurse/Midwife Manager		Jacqui Gartell Jacqueline.gartell@ccdhb.org .nz
Maternal Fetal Medicine	021 199 8223 <i>MFM midwife</i>	Referrals: RES- MFMReferrals@ccdhb.org.nz
<i>Wellington Regional -Birthing Suite</i>		
Birthing Suite Midwife Manager	027 442 2829	Jo McMullan Jo.McMullan@ccdhb.org.nz
Birthing Suite Clerk (NCC)	04 806 0650	BirthingSuiteWardAdmin@ ccdhb.org.nz
Birthing Suite Clinical Midwife Manager (CMM)	04 806 0845 021 199 8212	CMMBS@ccdhb.org.nz
Birthing Suite Obstetric Registrar on-call	021 199 8244	<i>For escalation to consultant on-call, please discuss with CMM as SMO changes daily or go via switchboard</i>
NICU Registrar on-call/Neonatal Nurse Practitioner	021 199 8286	
Obstetric. Anaesthetic Registrar on-call	027 554 4632	

Wellington – Maternity		
Ward 4 North Maternity Midwife Manager	027 406 7555	Kerry Haslam kerry.haslam@ccdhb.org.nz
Ward 4 North Maternity Clinical Midwife Manager (CMM)	04 806 0889 or 027 265 2696	ACMM4NorthMaternity@ccdhb.org.nz
Ward 4 North Clerk (NCC)	04 385 5999, ext. 80880	
Wellington – Gynaecology		
Gynaecology Charge Nurse Manager (CNM)	Ext. 80891 021 199 8150	Nic Johnstone Nicola.Johnstone@ccdhb.org.nz
Gynaecology Coordinator	0211998103	
Kenepuru Maternity Unit (KMU)		
KMU Midwife Manager	04 918 2012 or 027 703 2008	Jenny Quinn Jenny.Quinn@ccdhb.org.nz
Kenepuru Registered Midwife	04 918 2010	
Kenepuru Clerk (NCC)	04 918 2001	
Paraparaumu Maternity Unit (PMU)		
PMU Midwife Manager	021 452 763	Gwen Ryan gwen.ryan@ccdhb.org.nz
Paraparaumu Registered Midwife	04 903 0205	
Community Midwifery		
Maternity Outpatient Services Midwife Manager	027 248 1322	Krystal Williams Krystal.Williams@huttvalleydhb.org.nz

Community Midwifery Team Coordinator	0800 525 166	This phone is rotated daily through the CMT via switch text system
Clinical Midwife Manager CMT	027 344 0951	Julie Mannering –Hutt Valley
	027 319 4312	Desree Morrison – Capital Coast
Antenatal Information Co-ordinator <i>Find a Midwife Service</i>	04 385 5999, ext. 82109	National Service www.findyourmidwife.co.nz
	0800 346 369	Local service complete contact us form on www.findamidwife.org.nz
Midwife Specialist Lactation / BFHI Coordinator	027 703 4246	Alex Allen Alex.Allen@ccdhb.org.nz
	027 309 7782	Christine Houppermans
Midwife Specialist Lactation (Maori / Pacific)	027 703 3765	Annette Hobbs-Tuitea Annette.Hobbs-Tuitea@ccdhb.org.nz
<i>NICU and Paediatrics</i>		
NICU clerk (NCC)	04 806 0800	
Neonatal Registrar/ Neonatal Nurse Practitioner on-call	021 199 8286	
Paediatrician on-call (Te Wao Nui)	04 385 5999, through switch	
NICU Lactation Consultants	027 242 8715 #6950	
<i>Other services</i>		
ICT computer helpdesk	04 918 6146	Log a job at on ICT Service Desk (intranet homepage) or contact: IT.ServiceDesk@ccdhb.org.nz

Women's Health Social Worker	04 806 2373	
Maternal Wellbeing and Child Protection Team	04 385 5999 027 328 3132	Referrals: RES-VPW@ccdhb.org.nz
Newborn Hearing Screeners	04 806 2777	Referrals: CC-GD-NewbornHearingScreeners@ccdhb.org.nz Fax: 04-3855871
Womens Health Physio	04 806 2154	
Awanui labs	04 381 5900	
NZ Blood Service	04 380 2243	
Wellington Hospital Blood Bank	04 385 5999 ext. 6961	
Car Park Management (CarePark)	0800 227 372	info@carepark.co.nz
BadgerNet Helpdesk	0800223431	BadgerNetMaternity@ccdhb.org.nz

Midwifery Continuing Education and Professional Meetings

Orientation

Contact the Midwife Educators RES-MidwifeEducators@ccdhb.org.nz to arrange an orientation to Capital, Coast maternity facilities, to arrange access to the Pyxis (for medication), glucometer and ConnectMe for booking study days. Advise if additional orientation is required for other regional facilities.

Study Days and Courses

A variety of education days are offered each year at Capital, Coast on-site (incl. PROMPT and RANZCOG fetal surveillance) or via ConnectMe (incl. Te Reo Māori & Cultural Safety and other regional courses).

The Women's Health Service education calendar can be accessed via the website. Education calendars can also be accessed onsite via the noticeboard at each maternity unit.

You are encouraged to book courses well in advance directly via ConnectMe for any education days. Contact the educators if you have any further queries.

Midwifery and Multidisciplinary Forums

Capital, Coast host a number of midwifery and multidisciplinary forums to keep clinicians up to date, publicize changes in guidance and policy, and promote good communication in the maternity care environment. LMCs are encouraged to attend to ensure diverse perspectives are represented.

Capital, Coast LMC Interface Hui

The LMC Capital, Coast (CC) interface hui is organized by the Co-LMC Maternity Quality and Safety Programme (MQSP) representatives. Hutt Valley LMCs are also welcome. The CC LMC interface hui is usually held on the 2nd Wednesday/Thursday of the month from 1.30pm to 2.30pm, but dates can vary. The interface hui is currently held upstairs, 1841 Pub, Johnsonville.

The forums provide a space for LMCs and Te Whatu Ora maternity services

and other health services to share information and find solutions to issues as they arise. They also provide an opportunity for education and whakawhanaungatanga, enabling people to build relationships and collaborate in care initiatives. (One CPD professional hour is awarded for each hui attended)

Paraparaumu LMC interface hui

This hui is for LMCs practising on the Kāpiti Coast and the Paraparaumu maternity unit midwives. It is held every two months. It provides an opportunity to share information and raise issues. This hui also usually has an education component. (One CPD professional hour is awarded for each hui attended).

Perinatal Education Meeting (PQAA protected)

This is a multidisciplinary forum for the discussion and review of recent cases of perinatal mortality and morbidity to facilitate organisational and clinician learning. LMCs are invited to attend regularly. They may also be invited to present cases alongside other members of the multidisciplinary team. These meetings are held in Wellington Hospital on the third Tuesday of every month between 4.30pm-5.30pm in Easthope Lecture Theatre, Ward Support Block (Level 12). Education certificates are provided.

4M

This is a monthly multidisciplinary education session on a range of issues to inform the improvement of our collaborative care. The 4M is held at Wellington Hospital on first Wednesday of every month 11.00am – Midday in Easthope Lecture Theatre, Ward Support Block (Level 12). Education certificates are provided.

Kenepuru Maternity Staff and LMC shared lunch

This is a monthly meeting for KMU staff and LMCs to share notices, events and discuss any issues arising. Collaborative education sessions also run from time to time.

Ongoing Education to maintain key clinical competencies

Midwives are encouraged to regularly attend study days that are relevant to the care they provide and maintain clinical competence. Examples of these are:

- Epidural study day (every 3 years)
- Newborn Life Support (every 3 years)
- Fetal Surveillance Education (FSEP) (alternating annually FSEP full/ FSEP refresher)
- PROMPT (Practical Obstetric Multi-Professional Training) at your local unit

Newborn life support and PROMPT can be done to meet your annual APC requirements instead of the Emergency Skills Refresher day.

Maternity Bookings

BadgerNet is the online documentation system used by WHAS, Womens clinics, the Community Midwifery Team and for the teams providing inpatient maternity care. BadgerNet can be accessed from home by logging in through Citrix and clicking on the BadgerNet icon. BadgerNet has a ConnectMe introduction course called “BadgerNet - Lead Maternity Carer Midwives eLearning” which will give you an overview of the system.

For BADGERNET assistance	
Non-urgent query	BadgnerNetMaternity@ccdhb.org.nz
Normal business hours	0800 223 431
CMM Birthing suite	021 199 8212
CMM Ward 4 north	021 199 8213

Eligibility for healthcare

The Ministry of Health determine who is eligible for free maternity healthcare in New Zealand. For more information on current eligibility criteria go to www.moh.govt.nz/eligibility

The eligibility status for all clients must be identified at the start of pregnancy. Clients are required to provide proof of eligibility to the LMC (for maternity care), and to Capital, Coast (at booking) by providing copies of

citizenship and/or passport, and marriage certificate (if appropriate). Non-eligible clients will be billed for their maternity care. It is important that people know this, and can make an informed choice about where and from whom they will receive care. If an LMC provides care to an ineligible client they **cannot** claim for this care under Section 94.

Maternity bookings (to a Capital & Coast facility)

We encourage LMCs to submit the booking of their clients to the birthing facility of their choice as soon as they have completed the booking and preferably before 20 weeks gestation.

The booking process enables clinical care to be informed by the knowledge of a person's key medical and obstetric history, booking bloods and ultrasound scans undertaken. It also enables the facility to anticipate and manage resources through the peaks and troughs of birthing patterns across the Wellington region.

Following booking, clinical records are moved from off-site storage and held in a folder in Birthing Suite or the Primary Unit.

Capital, Coast maternity facility bookings require the following (completed) documentation:

1. **Maternity booking form** ([click here](#))
2. **Patient Information form** ([click here](#))
3. **Newborn Enrolment Form** ([click here](#))
Supplementary information should be given to clients with this form Newborn Services & Well Child providers in your region ([click here](#))*

****This form is a legal document that can only be signed by the parents/ baby's legal guardians. Ensure all fields are completed by parents including their choice of the baby's ethnicity (this may be different to the mother).***

Bookings should be sent to:

- Wellington Hospital – Birthing Suite Administrator (NCC)
BirthingSuiteWardAdmin@ccdhb.org.nz

- Kenepuru Maternity Unit - Administrator (NCC)
res-kmuwardadmin@ccdhb.org.nz
- Paraparaumu Maternity Unit – Birthing Suite Administrator (NCC)
BirthingSuiteWardAdmin@ccdhb.org.nz

Homebirths do not require a booking. However, booking at Wellington hospital is encouraged to enable safer care if a maternal or neonatal transfer is required in an emergency.

Copies of medical records for patients

If a person wishes to view their medical records there is a formal process to follow. They must complete the appropriate request form and forward this to Medical Records. More information can be found at:

www.ccdhb.org.nz/contact-us/accessing-health-information/

Capital, Coast Maternity Facilities & Services

Homebirth

Capital, Coast is committed to increasing place of birth options for the community as part of its 'optimising birth' initiative to improve birthing outcomes. This includes homebirth.

Homebirth is a safe choice for pregnant people who are well, with a normal, healthy pregnancy. Evidence shows that pregnant people who choose and plan to birth at home or in a birthing centre are more likely to have a normal birth, and feel more positive about their birth experience than those who give birth in hospital.

Reported rates of homebirths in the Capital, Coast region have increased from 2.9% in 2016, to 3.6% in 2020 for Capital, Coast domiciled births. During a district wide consultation, stakeholders identified one of the many barriers to homebirth included the significant costs associated with the hire of pools and equipment.

Homebirth supplies and equipment

As a quality improvement activity Capital, Coast and Hutt Valley are providing homebirth consumables and loan equipment for use in the community by LMCs. LMCs who have access agreements and clients who are planning a homebirth can be supplied with birth packs, loan pools, pool liners/covers and pulse oximeters by completing the form and returning it to our Maternal Health Coordinator.

How to order homebirth consumables or loan equipment:

- Download and complete [Te Whatu Ora Capital Coast and Hutt Valley Homebirth Equipment Order Form](#).
- Email it to the Maternal Health Coordinators at homebirth@ccdhb.org.nz
- The team will confirm your order and when it will be ready for collection.
- Collection of orders can be made between 8.00am-4.30pm Monday to Friday.

Order information:

- Orders can be sent any time but will only be processed after 32 weeks gestation (to ensure equitable access).
- Minimum three days between order and pickup
- The order will be confirmed by email by the Maternal Health Coordinator please do not collect without confirmation
- Equipment must be collected and returned by the LMC (or midwife / medical representative) – ***loan equipment agreements are with the LMC***
- For midwives who support high numbers of waterbirths, you can order disposable liners and covers for your own birth pools if that is preferable.

The care of the equipment and its timely return after birth is the responsibility of the LMC. Delay in the return of equipment impacts other people who have planned a homebirth, so **please return homebirth equipment as soon as possible.**

Any issues, please contact the Maternal Health Coordinator or the Community Midwifery Manager.

Escalation, Consultation, Transfers and Emergency transfers from homebirths

Based on local LMC homebirth midwives experience, the Referral Guidelines (click [here](#) for Referral Guidelines) and the Capital, Coast Emergency Transfer of women and infants from Kenepuru/Paraparaumu Maternity Facilities Protocol (click [here](#) for the protocol).

Consultation with the birthing suite CMM

If you are providing midwifery care at a homebirth, in addition to other supports you have put in place including your back up LMC who may be present, you can also call the Clinical Midwife Manager (CMM) if you would like another midwifery opinion and/or collegial support.

Wellington Birthing suite CMMs are responsible for coordinating the clinical resources within the secondary/tertiary unit for labour, birth and acute admissions across Capital, Coast. They are also there to provide clinical and collegial support to their midwifery colleagues.

Wellington Birthing Suite CMM: 021 199 8212

Consultation with Wellington Hospital obstetric team during homebirth

If you are providing midwifery care at a homebirth and a non-urgent indication has arisen for obstetric/neonatal consultation (Referral Guidelines) and transport to the hospital is indicated, with the person's consent,

- Call the **Obstetric or Neonatal registrar/SMO on call** to consult re: immediate plan of care and mode of transport
- Call the **CMM: 021 199 8212** so that they can prepare for your arrival
- Call **111 -Wellington Free Ambulance** to arrange transport *if required*

Emergency

In the event of an obstetric or neonatal emergency at home (e.g. PPH, baby requiring resuscitation) with consent, arrange for the most appropriate people to:

- Call **111 - Wellington Free Ambulance** to arrange emergency transport to Wellington and/or provide paramedic support.

State

- Your name
- That you are a midwife
- The address
- That this is a life threatening, time critical maternal/neonatal emergency requiring immediate transport to Wellington Hospital **OR** to a primary birthing unit with neonatal resuscitation equipment, that is closer, to await the arrival of the NICU retrieval team.

This sequence of statements will enable the paramedic Call-Centre to arrange emergency **Wellington Free Ambulance** support and transport to Wellington a.s.a.p.

- Call the **obstetric/neonatal on call SMO** for an immediate plan of care and confirm mode of transport
- Ask for ongoing SMO input into clinical management on 'hands free' if required
- Call the **Wellington Birthing suite CMM: 021 199 8212** so that they can prepare equipment and clinical team for your arrival

Accompany the person/baby in the ambulance – the LMC is usually the most appropriate person to have clinical responsibility during an obstetric or neonatal emergency at home until care is handed over to the specialist at the hospital. However, clinical responsibility should move to the most appropriate health practitioner in the specific circumstances.

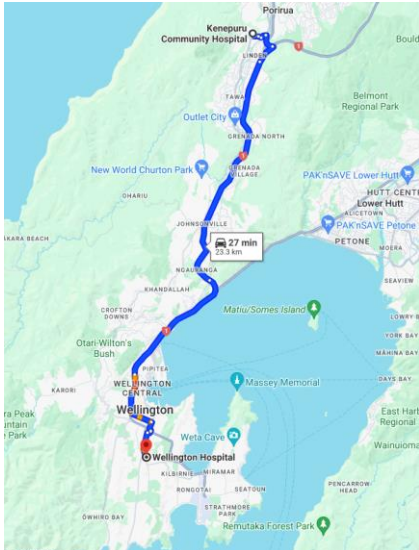
On route **update the CMM** if there is any clinical deterioration so that the appropriate teams and equipment are available on arrival.

Kenepuru Maternity Unit (KMU)

16 Hospital Drive, Kenepuru

Location

KMU is a primary maternity facility attached to Kenepuru hospital which is situated approximately 30 minutes north of Wellington Hospital.



Facilities

KMU has two birthing rooms, one birthing pool and six single postnatal rooms with ensuite bathrooms. The unit has an assessment room that LMCs can use for antenatal, labour & postnatal assessments, CTG's and combine with a tour of the unit. It is best to book this space. There is also a whānau room with couches, tables, a TV, and tea and coffee making facilities. KMU is very lucky to have a sizable garden area with picnic tables and sun umbrellas where whānau can spend time together.



If partners wish to stay overnight, and meet the eligibility criteria, discuss this with the KMU midwife on duty.

Staff

KMU is managed by a Midwife Manager – Jenny Quinn and coordinated 24/7 by a midwife. There is always a midwife on duty to support LMCs and provide postnatal care. Most shifts have two core staff - either two midwives or a midwife and a nurse. KMU also has two part-time administrators, two HCA's and cleaning staff.

Booking at KMU

The policy for the '*Booking criteria and administration process for Birthing at Kenepuru/Paraparaumu Primary Facilities*' policy can be found in DistrictDocs OR [click here](#). (See Maternity Bookings section)

Transfers to KMU for Postnatal Stay

People who have birthed at Wellington Hospital are encouraged to transfer to KMU for their postnatal stay. Postnatal transfer to KMU is dependent on the acuity and beds available across the services. Transfers are triaged and coordinated by the CMMs at Wellington and the midwives at KMU. People who book to labour and birth at KMU will be given priority for beds wherever possible. Talk to the CMM to arrange.

LMC responsibilities

LMC midwives have a responsibility to leave the birthing rooms and equipment in good condition and alert the PMU midwives of consumables used and any facility/equipment issues so that they can be actioned. Post birth LMCs are responsible for the cleaning up of any blood spills on the floor/bed/equipment in the room, following the blood product cleaning policy.

Tours of KMU

KMU welcomes opportunities for people to come and see the unit for themselves. Please call KMU to arrange a tour of the unit or direct pregnant people to the virtual tour. If you are able to attend with your client there is an opportunity to combine a tour with an antenatal appointment.

Virtual tour of KMU

A virtual tour of KMU can be found on the Wellington Pēpē Ora website site under 'Places to give birth' or click [here](#).

Open Days at KMU

KMU will be holding Open Days every four months where whānau (and LMC midwives) can come and see what the unit has to offer. As an LMC you will receive notification of the Open Day dates and there will be publicity with each upcoming event.

Monthly shared lunch for KMU staff and LMCs

The KMU staff and LMCs have a regular monthly hui alternating Wednesday and Thursday 1pm on the 1st week of every month. Bring a plate and share some kai. Notices are shared, any issues arising are discussed and education sessions are available from time to time as well.

Birthing at Kenepuru Trial (BAK)

The **Birthing at Kenepuru (BAK) Trial** is a midwifery-led, collaborative

initiative between the Community Midwifery Teams (CMT), Kenepuru-based midwives and LMC midwives. It aims to offer a choice of place of birth for those who are eligible for primary birth and are under the care of the Capital, Coast and Hutt Valley CMTs.

LMCs in the Porirua region have offered to provide labour and birth care for CMT whānau that meet the criteria and wish to labour and birth at KMU. LMCs claim for labour and birth care as per section 94 of the Primary Maternity Services notice.

This is a brief summary of BAK midwifery roles:

- **The Community midwifery Team**

The Community Midwifery Team midwives provide antenatal care throughout the pregnancy. As part of that care they will explain labour and birth options, provide information and answer any questions. They will also give the Kenepuru Maternity Unit free 0800 contact number to call when the person thinks they are in labour after 37 weeks gestation.

- **Kenepuru Maternity Unit (KMU) midwives and nurses**

When the person thinks that they are in labour, they call the KMU midwife on the free KMU number **0800 536 400**. The midwife will provide early labour advice and invite the person in for an assessment if they think the labour is progressing. If the KMU midwife assessment confirms labour she contacts the **BAK LMC** to come and provide labour and birth care at KMU.

- **A Birthing At Kenepuru (BAK) LMC midwife** attends KMU to provide labour and birth care when the KMU midwife calls her to confirm that labour has established.

- **A postnatal LMC midwife** will be allocated via CMT and could be the LMC who provided labour and birth care.

There are protocols and flowcharts available that define the communication pathways and detailed roles for all the Midwifery teams involved.

BAK LMCs can choose to be on a three month roster, a text list and an afterhours call list to provide labour care for BAK clients. If you are interested in becoming a BAK LMC please get in touch with **Karen Daniells (ADoM): 027 283 0491**

Outpatient services at Kenepuru

Kenepuru Hospital offers numerous outpatient services to support the maternity community. These include iron infusions (available in the Medical Day Unit & arranged by medical staff), Maternal Mental Health appointments, Newborn Hearing Screening, Obstetric Clinic's, Womens Physiotherapy clinics, prophylactic Anti-D clinic and newborn (paediatric) clinics. At this time there are no maternity ultrasound services available based at Kenepuru Hospital.

Refer to the section "Outpatient services through Capital, Coast" on page 48.

Support, Escalation, Transfers and Emergency transfers from KMU

If the LMC needs assistance when providing midwifery care at KMU, there are a number of clinicians that can be called upon depending on the nature and the urgency of the assistance required.

In the first instance consult, discuss and work with the KMU midwife on shift. Care is provided by the most appropriate health practitioner(s) available. Urgent assistance can be summoned by pressing the emergency bell in the birthing room.

Midwives & Nurses

KMU midwives provide clinical and logistical support. They can also provide a collegial sounding board to work through different plans of care.

On some shifts there will be an experienced midwife and an experienced nurse. The nurses can provide clinical and logistical support appropriate to their scope of practice.

HCA and Administrator support are available for four hours per day.

Midwife Manager

There is usually an experienced Midwifery Manager on site 8.00am-4.30pm Monday to Friday. She can be called upon during working hours for additional clinical, logistical and decision making support.

Duty Nurse Manager KMU 0274583388 / #6373

The Duty Nurse Managers (DNM) rotate through Wellington and Kenepuru Hospital. They are responsible for ensuring that operations run smoothly after hours across the hospital, including KMU. They are also the first point of contact for any issues like fire, mass casualty, natural disasters.

The DNMs provide leadership in a variety of medical and non-medical settings. They are advanced life support trained. They are able to access blood bank and dispense blood products including Anti D. Most have completed PROMPT training and Newborn Life Support (NLS) programmes.

If unfolding events require escalation and more support than can be provided by the KMU midwifery and nursing staff, the DNM can be called for logistical and clinical support. The DNM will come with the Medical Registrar and an orderly, in response to a Medical Emergency Team (MET) call – [777](#).

At KMU, it will usually be the KMU midwife that calls the DNM while the LMC continues to manage the clinical situation.

Patient At Risk (PAR) nurses

The PAR service is a nurse-led team of specialised nurses, who work in partnership with the intensive care unit and ward teams. Using advanced clinical assessment, diagnostic reasoning and education to support the early recognition and management of acutely unwell and deteriorating ward patients. They can offer advanced skills, leadership and support during clinical emergencies.

They are available 07.00am-7.00pm Monday to Friday at Kenepuru Hospital on #6814.

Clinical Midwife Manager (CMM) support from Birth Suite Wellington Hospital

CMMs in birthing suite at Wellington are responsible for coordinating the clinical resources in the secondary / tertiary unit. They are also there to provide clinical and collegial support to midwives.

Call the clinical midwife manager **CMM: 021 199 8212** *if*

- you need some additional collegial support
- you would like another midwifery opinion

Consultation with the obstetric/neonatal team from KMU

The Capital, Coast protocol for transfer from the primary units to Wellington Hospital can be found [here](#). There is a summary of key actions below.

Non-urgent

If you are providing midwifery care at KMU and a non-urgent indication has arisen for obstetric/neonatal consultation (Referral Guidelines) and transport to the hospital

- call the KMU midwife to assist you with midwifery care as required, then, with consent, and enabling a three way conversation where able, arrange for the most appropriate person to:
- Call the Obstetric or Neonatal team on call: [registrar/SMO](#) to agree an immediate plan of care and mode of transport to Wellington Hospital
- Call the birthing suite **CMM: 021 199 8212** so that they can prepare for your arrival
- Call **111** - [Wellington Free Ambulance](#) to arrange transport *if required*

Emergency

If you are providing midwifery care at KMU and there is an obstetric or neonatal emergency, with consent,

- **Use emergency bell** to call the KMU midwife (and nurse) to assist

Then arrange for the most appropriate people to:

- Call **777** for hospital emergency support (Duty Nurse Manager, the duty Medical Registrar, an orderly and emergency resuscitation equipment will respond)
- Call **111 - Wellington Free Ambulance** to arrange emergency transport to Wellington Hospital and provide paramedic support

State

- Your name
- That you are a midwife
- **The address:** Kenepuru Maternity Unit, Kenepuru Community Hospital, 16 Hospital Drive, Porirua
- **Situation: That this is a life threatening, time critical maternal/neonatal emergency** requiring immediate transport to Birthing Suite Wellington Hospital

This sequence of statements will enable the paramedic Call-Centre to arrange emergency **Wellington Free Ambulance** support and transport from Kenepuru to Wellington Hospital a.s.a.p.

For Maternal emergency

- Call the obstetric **on call SMO** to agree an immediate plan of care enabling a three way conversation as able
- Confirm mode of transport and plan during transport
- Request ongoing SMO input into clinical management on 'hands free' if required.

For Neonatal emergency

- Call the neonatal **on call SMO** to agree an immediate plan of care, enabling a three way conversation as able.



Staff

PMU has a part-time Midwife Manager – Gwen Ryan. There is one PMU midwife at the unit 24/7 to support LMCs and provide postnatal care. There is no administrative or HCA support.

Tours of PMU

PMU welcomes opportunities for people to come and see the unit for themselves. Please call PMU to arrange a tour of the unit.

Virtual tour of PMU

A virtual tour of PMU can be found on the Wellington Pēpē Ora website site under 'Places to give birth' or click [here](#).

Booking at PMU

The policy for the '*Booking criteria and administration process for Birthing at Kenepuru/Paraparaumu Primary Facilities*' policy can be found in DistrictDocs OR [click here](#)

Transfers to PMU for Postnatal Stay

People who have birthed at Wellington Hospital may want to transfer to PMU for their postnatal stay. Postnatal transfer to PMU is dependent on the acuity and beds available across maternity services. Transfers are triaged and coordinated by the CMMs in Wellington and the midwives at PMU. People who book to labour and birth at PMU will be given priority for beds wherever possible. Talk to the CMM to arrange.

LMC responsibilities

LMC midwives have a responsibility to leave the birthing rooms and equipment in good condition and alert the PMU midwives of consumables used and any facility/equipment issues so that they can be actioned. Post birth LMCs are responsible for the cleaning up of any blood spills on the floor/bed/equipment in the room, following the blood product cleaning policy.

PMU staff and LMC hui and shared lunch

The PMU staff and LMCs have a regular hui on the first Friday of alternating months at 12.45 pm. Bring a plate and share some kai. Notices are shared, any issues arising are discussed. Case presentations and education sessions also happen at this hui.

Outpatient services at Paraparaumu

An obstetric clinic is held every fortnight from the Kāpiti Health Centre. There are currently no additional breastfeeding support services running out of PMU, lactation consultants can be arranged privately or the services in Porirua can be used.

Support, Escalation, Transfer and Emergency transfer from PMU

The Capital Coast protocol for transfer from the primary units to Wellington Hospital can be found [here](#). There is a summary of key actions below.

Consultation with the obstetric/neonatal team from PMU

Non-urgent

If you are providing midwifery care at PMU and a non-urgent indication has arisen for obstetric/neonatal consultation (Referral Guidelines) and transport to the hospital,

- call the PMU midwife to assist you with midwifery care as required, then, with consent, and enabling a three way conversation as able, arrange for the most appropriate person to
- Call the Obstetric or Neonatal team on call: [registrar/SMO](#) to agree immediate plan of care and mode of transport to Wellington Hospital
- Call the birthing suite [CMM: 021 199 8212](#) so that they can prepare for your arrival
- Call [1-111 Wellington Free Ambulance](#) to arrange ambulance transfer to Wellington – if required

Emergency

If you are providing midwifery care at PMU and there is an obstetric or neonatal emergency

- Call the PMU midwife to assist (call bell – there is no emergency bell)
- Call [111 - Wellington Free Ambulance](#) to arrange emergency transport to Wellington and provide paramedic clinical support.

State

- Your name
 - That you are a midwife
 - [The address](#): Paraparamu Maternity Unit, 35 Warrimoo Street, Paraparamu
 - Situation: That this is a life threatening, time critical maternal/neonatal emergency requiring immediate transport to Wellington Hospital

This sequence of statements will enable the paramedic Call-Centre to arrange emergency [Wellington Free Ambulance](#) support and transport from Paraparaumu to Wellington a.s.a.p.

Maternal emergency

- Call the obstetric **on call SMO** to agree an immediate plan of care enabling a three way conversation as able.
- Confirm mode of transport
- Request ongoing SMO input into clinical management on 'hands free' if required.

Neonatal emergency

- Call the neonatal **on call SMO** to agree an immediate plan of care, enabling a three way conversation as able.
- **Confirm with the SMO** that they will organise the NICU retrieval of the baby if applicable. Newborns requiring assistance or at risk of requiring assistance **are always transferred from the primary unit to Wellington by the NICU retrieval team.**
- Request ongoing SMO input into neonatal clinical management on 'hands free' if required

The Transport Retrieval to Wellington NICU policy can be found in DistrictDocs or click [here](#).

Community Providers & Services across Capital, Coast

(in alphabetical order)

Breastfeeding Support & Lactation Consultants

The Community breastfeeding team consists of a lactation consultant and a team of breastfeeding peer support workers. Together they provide breastfeeding support to Capital, Coast.

The Community breastfeeding team support, promote and protect breastfeeding through the baby friendly community initiative (BFCl) covering

Wellington to Kāpiti Coast via phone calls, breastfeeding centre, and prioritised 1:1 home visits, which include NICU babies and twins. There is also a Tuesday Breastfeeding Centre and weekly Tongue Function clinic based at Kenepuru, dependent on need and availability.

The Community breastfeeding team accept referrals from Capital, Coast, maternity employees, LMCs, NICU, and other health professionals who recognise a need for support. Referrals are via **BadgerNet** (please note: mothers referral) or community breastfeeding team form via **DistrictDocs**. These are sent via email links. Feedback is then sent via email to referring LMC once contact has been made.

The Māori Pacific Breastfeeding advocate and support service kaupapa is to improve rates for Māori and Pacific whānau. This is done by daily introduction visits to meet and greet those that birth in Wellington, Kenepuru and Paraparaumu before discharge. Offering support via phone, text, and home visits within business hours. This service is available at weekend's dependent on staffing.

Porirua Breastfeeding Clinic – Tuesdays 10am – 1.30pm

04 978 2945

Māori & Pacific Breastfeeding Service

04 978 2945

Newtown Breastfeeding & Parenting Support Centre

021 355 041

La Leche League – Breastfeeding Support Leaders

Kāpiti – text 027 437 6322

Mana – text 021 049 6403

Wellington - 027 4421 82

Community Midwifery team (CMT)

The CMT are Te Whatu Ora employed midwives who provide antenatal care for pregnant people who have been unable to find an LMC midwife, or who are being provided tertiary obstetric care away from the region they live in.

Labour and birth care for whānau under CMT is provided by hospital employed midwives working in Birthing Suite or LMC midwives providing intrapartum care as part of the Primary Intrapartum Care (PIC) team (see PIC team section). The BAK trial means that, for those eligible to birth at a primary unit, labour and birth care can be provided by an LMC at Kenepuru Maternity unit or at home.

Eligible CMT whānau are also offered an opportunity to have their labour and birth care provided at KMU with an LMC Midwife if they participate in the Birthing at Kenepuru trial (see BAK Trial section under Kenepuru Maternity Unit).

Postnatal care is provided by the Wellington based CMT in exceptional circumstances. Usually the postnatal care for CMT whānau is handed over to LMCs who are providing postnatal care in the community.

If you would like to provide postnatal care to CMT clients, please contact the CMT Clinical Midwife Manager of the relevant hospital and register your interest. You will be added to the list of areas you are able to provide care in.

Desree Morrison – Capital Coast 027 319 4312

Julie Mannering –Hutt Valley 027 344 0951

Postnatal LMC care allocation involves a revolving list to ensure equitable opportunities for all LMC providers. If you are on the postnatal care LMC list, the postnatal care for the next client will be allocated to the LMC who is at the top of this list. Whether the LMC declines or accepts the transfer of postnatal care, their name will be moved to the bottom of the list. Once postnatal care has been allocated to you, you accept clinical responsibility and your contact details will be shared with the person. For Capital, Coast you can access all notes via BadgerNet, this will be the case in Hutt Valley from May 2024. A verbal handover will also be provided.

Transfer of care

If you are unable to continue to provide care for a person you have registered, please email the CMT team your referral and all relevant clinical

documentation for the person being referred. A verbal handover will also be requested.

CMT Hutt Valley - RES-communitymidwives@huttvalleydhb.org.nz

CMT Capital Coast – CommunityMidwiferyTeam@ccdhb.org.nz

Immunisations

Whooping cough, influenza and COVID vaccines are free and recommended during pregnancy. People can go to

<https://www.immunise.health.nz/immunisation-during-pregnancy/> and book their vaccines online at a location convenient to them. Many community pharmacies are able to administer vaccines and several staff in Womens Clinics are also vaccinators who are happy to vaccinate on an ad hoc basis.

Newborn Hearing Screening

The aim of the New Zealand Universal Newborn Hearing Screening and Early intervention Programme is for the early identification of babies with hearing loss so that they can access timely and appropriate interventions. All babies should be offered screening for hearing loss before one month of age. If screening is not completed on the postnatal ward or the baby was born at home then screening can be carried out in an outpatient clinic.

For homebirths it is the responsibility of the LMC to use the referral form [here](#) and provide the required information so that a community appointment can be made.

Pregnancy Counselling

If a person is unsure about what to do regarding their pregnancy, and says that they wish to terminate their pregnancy or that they have terminated their pregnancy - midwives are required to provide the person with the means to access pregnancy/abortion counselling should they want it.

Free professional counselling for those considering abortion is available to all Aotearoa New Zealand residents and can be accessed via the abortion clinics.

Manatū Hauora has set the Standard for abortion counselling (click [here](#)) and specifies who can provide abortion counselling services. Specialised counsellors provide pre and post abortion counselling to ensure women accessing the abortion service are receiving unbiased information. The Team also see whānau for grief and loss counselling post fetal loss, adverse birth outcomes or loss of fertility due to surgical interventions.

Other resources for pregnant people include the national abortion telehealth service Decide.org.nz , who provide telephone consultations.

Abortion.org.nz also provides information about abortion services in New Zealand.

LMCs can refer people considering abortion directly for pregnancy counselling. For those people who are continuing a pregnancy but have had a previous traumatic experience and/or loss, the first point of call is the LMC. The LMC can refer to the maternal wellbeing clinic and / or counsellors in Te Mahoe.

Pregnancy Ultrasound - Private Providers

All pregnancy ultrasound scans referred by a midwife or doctor are funded or partially funded for Aotearoa New Zealand residents and visitors to Aotearoa New Zealand who have a Visa or consecutive Visa's totaling two or more years. **Eligible Non-Residents must also have a National Health Index (NHI) number.**

Within the Capital, Coast and Hutt Valley district the ultrasound providers are:

Pacific Radiology

Wellington Obstetrics & Ultrasound

Sharp Ultrasound (Kāpiti)

Horizon Radiology

Costs can vary depending on the type of scan or if the person holds a Community Services Card. There is currently an arrangement with Capital, Coast and Hutt Valley whereby all anatomy scans should be free for ALL consumers. If this is not happening please raise this at the LMC Interface hui.

Te Puna Wairua

Te Puna Wairua – a hapū whānau hub is an iwi run community service promoting early engagement with maternity services based in Porirua at 7 Mungavin Ave, Ranui. Te Puna Wairua aims to introduce whānau to maternity services and connect them with an LMC in the area. They also offer mental health support, lactation support, and whooping cough and influenza vaccinations. People can self-refer via the phone numbers below or walk-in, if preferred.

Contact 0800 672 862 or 027 180 04103

Cultural Support Services

Whānau Care Services

Whānau Care supports Māori wāhine and their whānau during their stay in hospital. The team:

- advocates for whānau and supports informed choice
- provides cultural support and helps clinicians with cultural perspectives
- provides support with complex cultural or social dynamics
- provides support for whānau who do not attend appointments to facilitate engagement

Tikanga	<ul style="list-style-type: none">• Application of the guidelines in practice• Performing karakia• Body parts return – practical arrangements
Temporary accommodation	<ul style="list-style-type: none">• Te Whare Whānau o Te Pehi Parata (for out of town whānau in special circumstances)• Other accommodation options

Communication	<ul style="list-style-type: none"> • Facilitation of whānau hui • Assistance with delivery of clinical information • Consultations with whānau
Tangihanga support	<ul style="list-style-type: none"> • Terminal illness and at the time of death • Bereavement processes of whānau spokespersons

If you have whānau who requests the support of Whānau Care team, or who you believe would benefit from the services, contact 04 385 5999 ext. 80948 or email WCS@ccdhb.org.nz (Monday to Friday between 8am and 6pm) to discuss with the team, prior to referring. For the **Referral to Whānau Care Services Form** ([click here](#)).

Pacific Health Support Services

The Pacific Health Unit supports Pacific aiga during their stay at our hospital. The team:

- advocates for patients and supports them to make informed decisions
- can work with you to help your patient/s understand their care and treatment
- provides health information and education
- provides information on community and social support services
- links patients to community providers
- provides cultural support to patients and helps you understand your patient’s cultural perspective
- help patients with language difficulties
- provides support with complex cultural or social dynamics
- Help link patients to pacific community providers or relevant agencies on discharge.

If you have aiga who request the support of Pacific Health Team, or who you believe would benefit from the services, contact: 04 806 2320 (8.30am - 5.00pm Monday to Friday) to discuss with the team, prior to referring.

All referrals should be sent via MAP (*see MAP referrals*). An email with your referral will be sent to the Pacific Health mailbox.

Wellington Hospital

Outpatient Clinics and Referral processes

The Capital & Coast Te Whatu Ora processes for referring clients for indications as per the [Guidelines for Consultation with Obstetric and Related Medical Services \(Referral Guidelines\)](#) are described in this section of the guide. Also available by QR code.



Referrals are triaged weekdays, prioritised according to need and then a suitable appointment time made. It is advisable to confirm the referral has been received. **For urgent referrals, see Urgent Referrals & Consultations section.**

LMCs are welcome to attend clinic appointments. The three way conversation described in the referral guidelines is particularly valuable face to face for the shared development and communication of more complex plans of care. Clinic outcomes will be electronically documented on MAP and BadgerNet.

Anaesthetics

Referral should be made for an outpatient anesthetic consultation for any pregnant person who has:

- A BMI >40 (at booking), or excessive weight gain in pregnancy
- A concern related to epidural, spinal or general anaesthesia
- Declined blood products
- Anaesthetic risk factors (see Referral Guidelines)
- Transfer of care is recommended for people with a BMI >50

Complete an Anaesthetic Obstetric Referral and Consultation Form ([click here](#)) or follow the instructions below:

On MAP search for the patient you are referring, on their clinical documents page on the left hand side you can add document

Date	Title	Author
	Dynamic Patient Summary	
	Community Dispensed Medications	
	Regional Lab Results	
	New Outpatient Lab Request	
	Add New Document – Favourites	
	Add Respiratory Virus Screening	
	Add New Document	

Then find Anaesthetics Obstetric Outpatient Clinic Form in the list of documents

	Ref Wound Care CNS Referral	
	Allergen Skin Prick Test - Adult	
	Allergen Skin Prick Test - Paediatric	
	Anaesthetics Anaemia (No Iron Deficiency) - Surgery Deferred	
	Anaesthetics Comprehensive Assessment	
	Anaesthetics Iron Deficiency Anaemia - Non-Urgent Surgery	
	Anaesthetics Iron Deficiency Anaemia - Urgent Surgery	
	Anaesthetics Obstetric Outpatient Clinic	
	Anaesthetics Pre - Assessment Follow Up Plan	
	Anaesthetics Vascular Access / CVC Insertion Record	

Then complete the document and click finish to send the referral.



Cc:

[-] Patient Details

Phone number
Email address
Referring Clinician/Midwife

[-] Clinic appointment

Clinic appointment By phone Face to face Date of clinic

[-] Reason For Referral

Labour Planning Elective Caesarean Section
 Other *

[-] Obstetric History

G P EDD
Current Gestation age Weeks

[-] Current Obstetric History / Placental Position

Single Preg Multiple Preg

[-] Past Obstetric History

Save Finish Print Exit

A suitable appointment date and time will be sent via text and post. Following consultation, an anaesthetic plan for labour and birth will be placed in the person's hospital records on MAP.

Counselling services

Counselling services are available for whānau who may need additional care following a pregnancy loss, termination of pregnancy or the diagnosis of a fetal anomaly. Contact Te Mahoe Counsellors if you wish to discuss a referral.

Dietitian referral

Any pregnant people who have dietary restrictions which may impact on their pregnancy including: hyperemesis, sudden weight loss during pregnancy or diabetes can be offered referral to the dietitian.

Complete a dietitian referral form on MAP (*see MAP referrals*).

Interpreting Services

Interpreters are available for any clients who has English as a second language or is hearing impaired.

For language interpreters

Telephone interpreting is available 24/7 by contacting Ezispeak (in advance or on demand). Most languages are available. Referrals can be made by calling 0800 854 737 or completing the booking form online ([Interpreter booking form](#)). For face-to-face interpreting, please contact the ward or clinic manager in advance of an appointment.

For interpreters for deaf people

For appointments in the community with LMCs, ultrasound appointments, antenatal classes, iSign will pay for interpreter costs. Contact iSign at: 0800 934 683 or bookings@isign.co.nz. Bookings can be made online www.isign.co.nz or FREE TXT: 3359.

Video interpreting services are also available online through <https://nzvis.co.nz/> where people prefer video interpreting.

Iron Infusions

Refer to the [Anaemia in Pregnancy – Treatment Guideline](#) for treatment pathway. For people who meet the requirement for Iron Infusion use the referral form [here](#) and an appointment can be made at Wellington or Kenepuru.

Maternal Fetal Medicine (MFM) referrals

MFM provides tertiary obstetric care for women and their whānau who may require complex interventions, prenatal diagnostic or therapeutic procedures during pregnancy. Referral is recommended for people who have any of the following:

- Fetal anomalies identified on a scan
- High risk screening result (combined screen or NIPT)
- Any structural abnormality identified (cleft lip, heart defect, kidney problem or development problem)
- Previous baby with, or family history of genetic abnormalities

Referrals can be sent to MFM on RES-MFMReferrals@ccdhb.org.nz with the following information:

[RES- MFMReferrals@ccdhb.org.nz](mailto:RES-MFMReferrals@ccdhb.org.nz) with the following information:

1. Maternal fetal medicine referral form *preferred* ([click here](#))

****Email address please not physical***

2. Blood results – all relevant
3. Ultrasound scans – all relevant

Referrals are triaged weekdays 08.00am-4.30pm by one of our fetal medicine consultants, and prioritised according to need. Contact the MFM midwives should you wish to discuss the referral further.

For urgent advice/consultation, contact the MFM Midwife weekdays on: 021 199 8223, the MFM fellow on 021 199 8237 or contact the obstetric SMO on call (through Wellington Hospital switchboard).

Specialist Maternal Mental Health (SMMH), MHAIDS, Capital, Coast, Hutt Valley and Wairarapa

The SMMH service is for people who are pregnant or have a baby under one year old (at the time of referral) who are experiencing moderate to severe mental health issues.

We offer a range of services, including: mental health assessments; treatment and planning; individualised support and therapy; medication reviews and advice; information about community support services; and a Wellbeing Clinic.

SMMH covers Wellington, Porirua, Kāpiti and the Hutt Valley. We meet with people and their partners and whānau in a location that suits them, this is often in their own homes, or at a community mental health office in the Wellington region.

SMMH Referral: Referral processes are currently in transition.

For Internal Referrals to SMMH: using Concerto/MAP go to Add New Document, select Outpatient Booking Referral; then select 'MHAIDS – Maternal Mental Health' (this will be added end March, until then select Te Haika).

For external referrals to SMMH, refer through [Te Haika](#) until April 2024 by phoning: 0800 745 477 or emailing: TeHaika@MHAIDS.health.nz. After April 2024 referrals will go directly to SMMH using **email: REF-SMMH@mhaid.health.nz** and provide the following information in the email:

- Full name, DOB, current address and contact details of client
- Full name, current address and contact details of client, parents/legal guardians (if under 18's), Next of Kin
- Referrer Contact Details
- Reason for referral – current and historical concerns
- Current and previously trialled interventions
- Current support networks
- What is being requested from MHAIDS service
- Confirmation of Consent Given by clients and their legal guardians (Under 18's)

To discuss whether a referral seems appropriate or to follow up on a referral you can call 04 806 0002 and request a call-back from the SMMH Duty person.

Working collaboratively with referrers where possible is encouraged. Please don't hesitate to make contact either through the duty line above or directly

with your client's clinician if they are in our Service already. Further information about the Service can be found [here](#).

Wellbeing Clinics

SMMH also provides a secondary care triage clinic as part of consultation-liaison work. This service is offered fortnightly at Wellington Hospital (Women's Clinic), Kenepuru Hospital (Outpatients) Hutt Hospital (Maternity Services) and Masterton Hospital (Maternity Services).

The Wellbeing Clinics are for pregnant women with mild to moderate distress where some brief contact or linking with other services may prevent the need for mental health services. It is not for people who are already under a mental health team or are experiencing mental health crises. An appointment for a brief assessment/discussion is offered.

NB: Pregnant people cannot be referred to both Specialist Maternal Mental Health (SMMH) and the Wellbeing Clinic. You can only refer to one service.

Capital and Coast Wellington/Kenepuru referrals are to be sent to email address RES-PrimCareRef@ccdhb.org.nz using the Wellbeing Clinic Referral form on Capital Docs.

Appointments require consent from the pregnant person. For pregnant people with pre-existing **moderate to severe mood disorders** a referral can be made directly through Te Haika. Refer to the Maternal Mental Health Referrer's Guide ([click here](#)) and contact 0800 745 477 to discuss your referral.

A written referral is required and as much relevant information as possible will aid the triage process. Please ensure consent is obtained for referral.

For urgent mental health support contact:

Te Haika 0800 745 477 (this is a 24/7 service).

Triaging occurs every Tuesday at an MDT meeting.

Maternal wellbeing and child protection group referral

Multi-agency group set up to identify and support whānau who have complex social, addiction or mental health needs. Following referral, the group aims to collaborate with whānau and their LMCs to help plan care and increase the chances of families parenting successfully, while protecting vulnerable infants.

Referral can be made for whānau with:

- complex social needs
- addiction
- mental health needs
- or is mandatory for whānau who have received a court order or directed by Oranga Tamariki Ministry for Children (OTMC)

LMCs are encouraged to discuss with whānau, and refer early in pregnancy to improve information sharing and enable time to link whānau with services and organisations, and provide wrap around supports. Referrals are reviewed weekly. Urgent referrals are prioritised.

Please send a referral, including reason for referral, name, DOB of pregnant person, name of partners / ex-partners and relevant extended whānau, to Maternal Wellbeing and Child Protection Group on RES-VPW@ccdhb.org.nz

Neonatal consultations during pregnancy

Neonatal consultation may be advised during the antenatal period for conditions such as:

- Maternal medications which impact the neonate (i.e.: epilepsy, SSRI anti-depressants, hypothyroidism, maternal alcohol and drug addiction)
- Dilated renal pelvis (see policy for recommendations)
- Genetic disorders (known)
- HIV
- Hepatitis C

- Fetal anomalies (see MFM referral)

A written referral is required along with any supporting documentation, and emailed to CC-GD-NICUACNMs@ccdhb.org.nz.

A plan will be made for the birth and the immediate postnatal period (with consent), including whether (or not) the neonatal team should be in attendance at the birth or the newborn requires follow up care postnatally.

Obstetric Diabetes Clinic

Pregnant people with **gestational diabetes** need to be referred to the Obstetric Diabetic Clinic for planning of care during pregnancy and birth. The LMC can choose to remain involved with antenatal and birth care or transfer clinical responsibility and have the care handed back to her during the postpartum period.

1. An HbA1c is completed as part of first antenatal bloods. If the person's result is 40 or under, type 2 diabetes is excluded.
2. Where the HbA1c result is between 41 and 49 a written referral to the Obstetric Diabetic Clinic is required.

Clinics are also held at KMU.

Physiotherapy and pelvic health referral

This service is available for pregnant people who have pregnancy-related musculoskeletal pain impacting their life. All referrals should be sent via MAP (see MAP Referrals ORA). Referrals are accepted for:

- Pubic symphysis pain
- Sacroiliac joint pain
- Back pain/sciatica
- Pelvic floor strengthening for prolapse/incontinence
- Carpal tunnel

All clients will be encouraged to attend the **pain in pregnancy class** for

education and management of their symptoms. LMCs are welcome to attend. Clinics are also held in KMU.

Prophylactic Anti-D Clinic

Pregnant people who are antenatal inpatients at Wellington Hospital will be offered prophylactic anti-d during their stay.

LMCs can order Anti-D immunoglobulin from New Zealand Blood Service using the Request for Blood Bank Tests and Blood Components or Products (111F018) form from NZ Blood ([click here](#)), and administer to their clients in the community, or in Pod B.

Pregnant people requiring a prophylactic dose of Anti-D at 28 weeks gestation must have a group and antibody screen taken before referral. A copy of the antibody results (showing negative antibodies) must accompany the Anti-D clinic referral ([click here](#)).

No group antibody screen is required at 34 weeks gestation. The Anti-D clinic runs every second Friday in Womens Clinics in Wellington and there is also an option for administration at Kenepuru Maternity. This is carried out in the maternity unit on a Thursday afternoon by the KMU midwife with capacity to see up to four people.

Safe Sleep Device referrals

Babies at high risk of SUDI receive free safe sleep pods, so they can safely bed-share with their parents/mātua. The Capital, Coast programme provides pēpi pods (plastic pods) or wahakura (kaupapa Māori woven flax pods). Both pēpi pods and wahakura come with a mattress, sheets and blanket and are for the family to keep. The wahakura/pēpi pods hold babies up to five months of age, the period in which babies are considered most at risk of SUDI.

Whānau that meet two of the three referral criteria: (1) Māori or Pacific, (2) clinical risk such as prematurity and low birthweight, or (3) environmental risk factors such as an unsafe sleeping environment – can be referred to the Safe Sleep programme for a free wahakura/pēpi pod.

These come with a resource kit for breastfeeding support and smoking cessation. Referral forms can be found at [Wahakura/Pepipod Request Form](#)

Social work referral

Social work referrals may be made for whānau:

- where risk assessment and safety planning is required in relation to family violence and child protection concerns
- to assist individuals and families to manage the impact of diagnosis and/or long-term health conditions; and/or disabilities;
- who require supportive counselling
- with babies in NICU
- requiring financial support or housing assistance
- with relationship issues
- with recreational drug use
- experiencing pregnancy loss, who require bereavement counselling and/or access to financial assistance

If you have whānau who you believe would benefit from a social work referral, contact 04 806 2373 to discuss with the team, prior to referring. Early referral is advised for optimum support and planning. For outpatient Social Work referrals please use MAP (see MAP ORA referrals).

Te Mahoe

Te Mahoe provides counselling and termination of pregnancy services from early pregnancy gestations onwards. Individuals may self-refer or referrals may be received from General Practitioners or LMCs. As a regional provider, the unit receives referrals from other domiciles usually for advanced gestation. Care is provided by nurses, midwives and medical staff in a unit situated near Women's Clinics, Level 3, Wellington Hospital.

Te Mahoe can provide counselling services following pregnancy loss or trauma. Counselling is also available for pregnant people affected by mental health issues, when referred by the Maternal Wellbeing Clinic. Referrals to Te Mahoe can be made using the form [here](#).

Womens Clinics

Obstetrics, Gynecology, Colposcopy and Gynecology Oncology clinics are held Monday to Friday, on Level 3, Wellington Hospital. Pregnant people requiring secondary obstetric consultations can be referred to the relevant service by their LMC. Clinics are also conducted at KMU and PMU. To refer to clinics please use the form [here](#) ***and include all the referral detail in this form because email attachments are not uploaded onto MAP**

Women's Health Assessment Service (WHAS)

WHAS is open Mon-Fri 8.00am-4.30pm, for individuals requiring acute assessment for maternal and gynecological conditions. For afterhours referrals see page 70.

For pregnant people with conditions such as ectopic pregnancy (on scan), missed or incomplete miscarriage, vaginal bleeding, hypertensive disorders of pregnancy, reduced fetal movements, review of wound infections and postnatal concerns consider referral.

For consultation with WHAS, contact the WHAS Obstetrics and Gynaecology Registrar: 021 199 8243 and advise WHAS nurse or midwife by phone of the details: 04 806 0740 / 04 806 0735. A written referral should be emailed to: womensacutes@CCDHB.org.nz

In referrals please include: clients name and contact details, gravida, parity, gestation, age and reason for referral, - if appropriate any investigations (scans, bloods) that are relevant. Provide as much detail as you can including the assessments you have conducted and your findings.

The unit is situated in Women's Clinics, level 3, Wellington Hospital, and is staffed by nurses and midwives, a senior house officer and a registrar. The service provides prioritised acute assessment/review, and operates on a practitioner referral only basis.

WHAS - information for patients

Please ask the person to report to the Women's Clinics reception desk on arrival. It is important that they arrive at WHAS early as this is an acute area

(like an emergency department) so patients are triaged and the most urgent are seen first. Please inform people that they may have to wait if someone else is more urgent.

Women's Ultrasound Service

A comprehensive ultrasound service is available for people seen in clinics, inpatients, and under the care of Maternal Fetal Medicine.

This service is located on Level 3, Women's Clinics at Wellington Hospital, Monday to Friday. There are currently no USS services at KMU.

Wellington Hospital Inpatient Maternity & Neonatal Services

Ward 4 North

Gynaecology (Pod A)

Pregnant people under 20 weeks gestation and those requiring readmission during the postpartum period from 13 days onwards will be admitted to Pod A. Ward 4 North Gynaecology is managed by a Charge Nurse Manager (CNM), with care provided by medical and nursing staff.

LMCs are recommended to contact the CNM to discuss additional care requirements or relevant history of inpatients.

Antenatal Pod (Pod B)

Antenatal care is provided to pregnant people from 20 weeks gestation experiencing pregnancy complications. People admitted to Pod B are managed by an allocated obstetric team (contact CMM for details). Pregnant people who experience pregnancy loss in the second trimester are likely to be cared for within the Pohutakawa Room (room 30).

Ward 4 North Maternity also contains two antenatal assessment beds for LMC use to assess people with reduced fetal movements, those who are postdates and labour assessments. Contact the Ward 4 North NCC to book an assessment room.

For consultations during your assessment, contact:

- CMM Birthing Suite for expert midwifery advice
- Obstetric registrar WHAS (Mon-Fri 08.00am-6.00pm)
- Obstetric registrar on-call (outside business hours)

Birthing Suite

Birthing Suite is a 12-bedded facility, with one active birthing room (Koro room 8), an on-site operating theatre and three post anaesthetic care spaces.

An obstetric registrar is on-call/on-site 24/7 (*see referral section*).

Teal green scrubs are available for midwives to wear when supporting people

in theatre.

After birth, well people can go directly home (usually after 4 hours) or transfer to one of the two primary maternity facilities (Paraparaumu or Kenepuru). People who require additional care will be transferred to Ward 4 North Maternity.

Virtual tours are available for whānau [on the Capital & Coast website](#). The Birthing Suite CMM on duty clinically manages the unit 24/7. The CMM should be contacted:

- when people require admission
- when people require assessment (by LMC or facility)
- when people require transfer from a primary birthing unit/home
- for expert midwifery advice and support

Information for whānau accessing Birthing Suite in Wellington

In times of hospital disruption e.g. pandemic or earthquake please refer to WHS for up-to-date instructions regarding access to the unit

Take the Emergency Department vehicle entry and turn into the After Hours / Birthing Suite entrance. The Emergency Department entry is past the Main Entrance to the hospital on Riddiford Street if you are coming from the City.

If you are coming from the South it is before the Main Entrance. Proceed through the After Hours / Birthing Suite entrance. This entrance can be used 24 hours seven days a week. Orderlies will be available at the entrance office to provide assistance as required.

Parking - there will be two emergency car parks available for women in labour outside the After Hours / Birthing Suite entrance. These parks have a time limit of 120 minutes so you will need to move your car after that.

From the Underground Car Park from 7:00am to 9:00pm you can take the Red lift direct to Level 4 and follow the signs to Birthing Suite. Underground

car park fees will apply. From 9:00pm to 7:00am use the phone in the foyer outside the Red Lift which rings directly to the orderlies who will come to escort you to Birthing Suite.

Booking an induction of labour

All inductions of labour (IOL) are managed at Wellington Hospital. Birthing Suite accepts three inductions (max) per day including weekends. There is currently a working group in progress to re-evaluate the IOL booking process. Any changes will be communicated widely.

The method for booking and pathway for induction differs depending on parity, history of previous caesarean, anaesthetic risk, fetal wellbeing and gestation. Currently IOLs are booked in obstetric clinic or the LMC may be contacted to book an appropriate time.

LMCs are recommended to refer to the ***Induction of Labour policy*** for instructions on referral and booking ([click here](#)).

Uncomplicated post-dates inductions of labour:

1. Contact the CMM to confirm the booking time / date
2. Confirm with the SMO on-call (for the booked day) that the induction is appropriate.

All other inductions of labour

For booking all other IOLs, refer to instructions in the IOL policy, and use the following as a guide:

1. The IOL diary is managed by the Birthing Suite CMM. Contact the CMM to obtain details of availability and who is on call to refer to for each available induction day (if IOL not already requested by medical staff).
2. All requests for IOL will be **triaged by the Birthing Suite team on-call for the day of induction.**
3. Either the LMC or the clinic Doctor seeing the pregnant person will contact the CMM to confirm the booking time /

date in the IOL diary. Please advise the CMM if there is any relevant information prior to admission.

Day of induction

All patients being induced should arrive in Birthing Suite by 7.30am unless informed otherwise.

Core midwives usually commence of the IOL process. The LMC will be called to attend when their client is in established labour requiring 1:1 care. If you are expecting to be off-call, please provide details of LMC back-up to be contacted for the labour.

At times of high acuity or limited staff availability, whānau should be made aware that the unit may delay IOLs for the safety of all involved.

Elective Caesarean Section

All caesareans are managed at Wellington Hospital. Pregnant people attending secondary obstetric clinics are often booked for an elective Caesarean section at the time of consultation. Elective procedures are usually undertaken Monday - Thursday, with a maximum of three electives performed per day. These people will be part of the ERAS (Enhanced Recovery after Surgery) pathway.

LMCs are encouraged to attend. If you are unable to attend on a particular day of the week, provide this information with the referral. This is accommodated where possible. Please advise if there is any relevant information prior to admission.

ERAS (Enhanced Recovery After Surgery) – Elective Caesarean

We have a pathway that has been developed to enhance recovery for women following surgery, focusing on wellbeing from the antenatal to postnatal period.

The woman will receive an ERAS booklet outlining all necessary information, including limited fasting times, haemoglobin optimisation and early mobilisation. The ERAS booklet can be found [here](#).

Primary Intrapartum Care (PIC) team for Wellington Hospital

Over the months of December-February there is a Primary Intrapartum Care (PIC) team option for LMCs to sign up for. This is for CMT clients who are in labour at Wellington Hospital and need a midwife to provide intrapartum care. A roster is made up for the month and you can choose what days you are available to be called for intrapartum care.

This is a completely optional roster but there is an expectation that once you are rostered on you are available. Information about the PIC team roster comes out around September each year.

For other times of the year you can choose to be put on a text list for LMCs happy to be messaged for intrapartum care. There is no obligation to respond to these texts. To be added to this list please email Shalina.walker@cdhb.org.nz.

Neonatal review at birth

For babies that require neonatal attendance at birth, please contact the neonatal registrar/neonatal nurse practitioner on-call (in advance where possible). Examples include:

- Meconium stained liquor with fetal distress
- Thick meconium
- Preterm birth less than 36 weeks
- Severe IUGR
- Suspected fetal infection
- Emergency caesarean section
- Elective caesarean (difficulty anticipated or under GA)
- Vaginal breech
- Mid-cavity forceps
- Fetal abnormality
- Multiple births

See policy (DistrictDocs) [Indications for neonatal teams attendance at birth.](#)

Postnatal

Ward 4 North Maternity

The Ward 4 North Maternity Clinical Midwife Manager on duty manages the unit. The CMM should be contacted to discuss additional care requirements of inpatients.

Ward 4 North Maternity is resourced for 26 antenatal/postnatal beds spread across Pods B, C and D.

The following specialist services are accessible for inpatients at Wellington:

- Lactation consultation (maternity and NICU)
- Physiotherapy – women’s health
- Social work
- Mental health – Crisis Assessment & Treatment Team (CATT)
- Women’s ultrasound
- Phlebotomy
- Newborn hearing screening (see below)

Postnatal Pods (Pod C and D)

The postnatal pods contain a mix of double and single rooms. Single rooms are most often allocated to people who require additional medical or social support. Partners are unable to stay in shared rooms.

Most people are ready for discharge within 48 - 72 hours of birth. The LMC may identify clinical reasons for a longer length of stay (discuss with CMM) which may include:

- Breastfeeding issues
- Post-operative recovery
- Mental health concerns
- Prematurity

To facilitate bed flow, there may be times when staff recommend to well patients an earlier discharge.

4 South (temporary ward)

Due to copper pipe remedial work happening at Wellington Hospital a temporary ward ‘4 South’ has been constructed next to NICU. Pod D is the first to move to this space from the end of January until about May 2024.

Pods B and C are expected to use this space in 2026.

Advise clients and their whānau that discharge is before 11am daily. When the unit is busy, people may be asked to wait in the whānau room for transport home if discharging after this time.

Friends and whānau visiting

Te Whatu Ora Capital, Coast and Hutt Valley are permitting a maximum of two adult visitors (over 16 years), who may be accompanied by up to two children or teenagers (under 16 years of age). Visiting restrictions can change dependent on external circumstances such as pandemic. It may change with little warning so please check with the Birthing Suite CMM if you and your clients are coming in to hospital under upgraded alert levels.

LMC postnatal hospital visits

In accordance with Section 94, LMC midwives are required to visit clients daily during their hospital stay. If an LMC is unable to visit speak with the CMM or alternatively call the client directly.

Transfer to primary units

Transfer to the primary units can occur when the person is clinically ready for discharge. It is recommended that this is no sooner than four hours after birth of the placenta. Transfer to a primary unit is encouraged for all low risk people and should be discussed antenatally.

Following a caesarean, people can transfer to the primary unit following medical discharge (this is usually at least 24 hours after birth).

Physiotherapy & Pelvic Health referrals - Inpatient

Physiotherapy referrals can be made on the ward via the electronic whiteboard. If urgent please follow-up with a phone call. Referrals may include:

- 3/4th degree tears – they will then be followed up in outpatients,
- Problems with continence/pelvic floor education

- Reduced mobility due to pain

Infant Feeding and Support

Capital, Coast has Baby Friendly Hospital Initiative (BFHI) accreditation at all three maternity facilities. This means that at the time of discharge from hospital all three facilities maintained an exclusive breastfeeding rate of 75% or more.

If a parent is unable to breastfeed or chooses not to do so they will be supported in their decision. Education provided by staff at Capital, Coast will include the sterilising of bottles and formula preparation.

Lactation Consultants

Inpatient support is available Monday to Friday for people with complex breastfeeding issues at Wellington Hospital. Māori and Pacific lactation support is also available. Inpatient referrals can be made through the electronic whiteboard or by phoning the lactation consultants.

Breastfeeding support in the community

BadgerNet can be used to refer whānau for outpatient lactation support. Any issues that arise post discharge from a maternity unit can be referred, i.e. tongue tie, weight loss.

Use the 'referral' search tab in BadgerNet.

See page 41 for other community breastfeeding services.

Antenatal milk expression

Capital, Coast supports the use of antenatal milk expression for most pregnant people (see policy for details), in case supplementation is required after birth. Expressing packs are available from the milk room at Wellington Hospital, and at both Kenepuru and Paraparaumu maternity units.

Neonatal Intensive Care Unit (NICU)

NICU provides secondary and tertiary level care for babies from 23 weeks gestation. Neonatal staff provide specialist advice and support during the antenatal/postnatal period, and during births requiring neonatal attendance

(see referrals). NICU has a comprehensive intranet page to help familiarize yourself with staff in the unit. You can find it [here](#). NICU information for parents is located here ([click here](#))

Virtual tour of the unit are available at:

<https://www.youtube.com/watch?v=8bB87ZEAAXs>

Visiting NICU

Open visiting is allowed for parents of NICU babies. Other visitor restrictions can change with little warning so please check with the NICU CNM if you and your clients are coming in to hospital under upgraded alert levels.

Neonatal Nurse Practitioner (NNP)

NNPs are available to provide and facilitate comprehensive clinical care and advanced nursing expertise for neonates with complex needs. This includes consultation, diagnosis, direct care and treatment as well as providing support through clinical advice, training and education to relevant staff to ensure the delivery of high quality specialist neonatal care for sick babies and their whānau/families.

NNPs have the skills and expertise to provide advanced nursing / medical care in emergency situations such as resuscitation.

All consultation with the NNPs is onsite at Wellington Hospital. The NNP team do not provide ongoing 'out of hospital' care / consultation. However, if an LMC has concerns while at a birthing centre or homebirth during the immediate newborn period, i.e. respiratory distress, cardiovascular concern, feeding / dehydration, sepsis, etc. the NNPs are qualified to give advice over the phone on whether the infant needs further monitoring / management at existing centre/home or at Wellington Hospital.

NNPs work as a team with the Neonatal Consultants, midwives, nurses, junior doctors and MDT and can be reached via the NICU cell phones: 021 199 8226 and 021 199 8286.

Acute & After hours referrals

The following should be used as a guide only.

To prevent the spread of infection, please alert staff if there is a concern about COVID, measles, whooping cough, influenza, or other infection.

<p>Miscarriages <i>Less than 20 weeks</i></p>	<p>Send person to the Emergency department (Wellington Hospital). Refer to WHAS O&G Registrar (weekdays/daytime), or Birthing Suite obstetric registrar (after hours)</p>
<p>Ectopic pregnancies</p>	<p>Send person to the Emergency department (Wellington Hospital) as soon as possible. Refer to WHAS O&G registrar (weekdays/daytime), or Birthing Suite obstetric registrar (after hours)</p>
<p>Vaginal bleeding in pregnancy <i>Less than 20 weeks</i></p>	<p>Birthing Suite obstetric registrar (after hours). They will advise the best location to send people to.</p>

<p>Vaginal bleeding in pregnancy <i>20 weeks or more</i></p>	<p>Send person to Birthing Suite (Wellington Hospital) as soon as possible. Refer to both Birthing Suite CMM and consult with Birthing Suite Obstetric Registrar, following assessment.</p>
<p>Antenatal concerns – woman or newborn</p>	<p>Refer to both Birthing Suite CMM and consult with Birthing Suite obstetric registrar, following assessment. People are likely to be reviewed in Birthing Suite (Wellington Hospital) and a management plan made.</p>

<p>Postnatal concerns – woman <i>Less than 7 days</i></p>	<p>Refer to Birthing Suite obstetric registrar, following assessment. They will advise the best location to send the person to. Advise CMM of pending arrival.</p>
<p>Postnatal concerns – woman <i>8 days or more</i></p>	<p>Refer to Birthing Suite Obstetric Registrar, following assessment. They will advise the best location to send the person to. Advise CMM or shift ACNM (gynaecology) of pending arrival.</p>
<p>Neonatal concerns <i>Less than 7 days</i></p>	<p>Refer to neonatal registrar or neonatal nurse practitioner on-call (NICU), following assessment. They will advise the best location to send the newborn to for review. You are likely to be advised to send the newborn to the Emergency department (Wellington Hospital) as soon as possible.</p>
<p>Neonatal concerns <i>8 days or more</i></p>	<p>Refer to paediatric registrar (Children’s Health), following assessment. They will advise the best location to send babies to, e.g. Emergency department, or to the baby’s GP.</p> <p>For non-urgent referrals, contact the baby’s GP, to confirm if referral to general practice is appropriate.</p>

Escalation Process

If you have received advice from a registrar or house surgeon and you feel unhappy with that advice or remain concerned about your clients (or newborn’s) condition, it is essential you escalate your concerns again.

Support can be obtained by talking with the CMM or a colleague. If you are still concerned, contact the on call SMO directly. It is important that the safety of whānau and health care providers remain at the focus of all conversations and that we keep everyone safe.

Clinical documentation and handover after birth

Following maternity booking (see Maternity Booking section), while the unit is transitioning to Badgernet, some paper clinical records are held in a folder in Birthing Suite or the primary unit. This allows ready access to records when admissions occur.

Documentation following birth

Labour & Birth Summary: electronic record (BadgerNet)

- **A labour and birth summary** needs to be completed immediately following the birth. The responsibility for completion of this form sits with the LMC midwife or person facilitating the birth.
- Completing the 'Labour and Birth' form in BadgerNet produces the 'Mother Labour and Birth' summary.
- Printing a paper copy for the folder is not required. 'Confirm and Save' the summary to send a copy to MAP and to the LMC via email/EDI.

Newborn notification form (paper)

- All whānau need to consent or decline enrolment in multiple regional services on the newborn enrolment form after birth.
- Complete the **Newborn Notification Form** with whānau *antenatally* using the **Newborn Services Information Sheet** on available services.
- After birth, finalise the birth details and **ensure that the parents have completed the baby's ethnicity details**, then deliver to NCC.

Post-birth Smart Form (BadgerNet)

- After birth, provide the date and time of birth, and sex of the baby to the NCC to enable registration of the newborn, a clinical record to be generated, a Well Child book and NHI labels to be created.

- Complete the 'Post-birth Smart Form' on BadgerNet. Complete all the tabs on the left.
- Information entered in to the 'Post-birth Smart Form' produces the 'Baby Labour and Birth' summary.
- Printing a paper copy for the folder is not required. 'Confirm and Save' the summary to send a copy to MAP and to the LMC via email/EDI.
- Information given is used to generate registration of the newborn with the Department of Internal Affairs. **Check patient labels and information on address, ethnicity and sex carefully – if incorrect, it can cause problems for parents registering their child.** Whānau will need to register their newborn online – see information in WellChild books.

Infant feeding plan (BadgerNet & Paper)

- For all babies an infant feeding plan needs to be completed following birth. Please identify any factors which may influence normal establishment of breastfeeding. This needs to be documented in the 'Overview' section of the baby's BadgerNet record, add or update the 'Feeding Plan'.

NOC/NEWS (Newborn Observation Chart/Newborn Early Warning Score – Paper)

- All observations are recorded on the paper NOC/NEWS chart. The chart needs to be commenced for all babies by the LMC. Please remember to complete the risk assessment sections on both the paper chart and on BadgerNet. Ensure and risk factors and management plans are clearly handed over to the next member of staff.

Customised GROW Chart

- GROW is a clinical system used to provide an individualised chart in pregnancy of projected fetal growth, and neonatal centile measurements after birth. Measurements are based

on accurate maternal demographics.

Produced by the Perinatal Institute UK, the programme is funded for use on New Zealand pregnancies and babies by Te Whatu Ora. LMCs who use MMPO BadgerNet or Expect will be able to access GROW and Centile calculations for neonates through their electronic notes.

Please provide a copy of the customized GROW chart with maternity facility booking. Centile calculation is required at handover to postnatal teams for all neonates.

Further information on GROW can be accessed here:

<https://3dhub.sharepoint.com/sites/ccdhbintranet/SitePages/GROW-applications.aspx>

Electronic discharge summary

An electronic discharge summary needs to be completed on BadgerNet when people are discharged from the maternity facility. This will be completed by staff, copies will be uploaded to MAP and sent to the LMC and GP via email/EDI.

Handover following birth to core

1. Inform the CMM/midwife on duty (primary units) and administration team of the birth details, as soon as possible.
 - Details should include: mothers name, mode of birth, EBL, perineal status, obstetric and maternal history, date and time of birth, babies weight and sex. Discuss any discharge or transfer details with the CMM so she can arrange a postnatal bed.
 - Where partners wish to stay overnight, this requires agreement with the ward CMM/midwife on duty, a single room and no violence or health risks.
2. For neonates requiring review, the LMC midwife needs to contact the neonatal team on-call initially or hand over

the plan of care.

3. LMCs need to document the time they handover clinical care, or discharge their client from the maternity unit postpartum.
4. Handover of care verbally, should ideally be done, in front of the person at the bedside. Please ensure all relevant information is present to ensure appropriate postnatal care can be facilitated and appropriate care plans are made.
5. The birthing room should be cleared away of instruments and sharps, soiled linen and overflowing bins should be emptied.

Readmissions

For unwell clients in the community, see acute referral section.

Readmissions (up to 42 days after birth) will mostly be into Wellington Hospital Ward 4 North Gynaecology and/or Maternity wards.

Transfer of clinical care from LMC to obstetric/medical team will occur, for the admitted mother **or** newborn until discharge back to primary care.

The **border mother or boarder newborn will remain under LMC care** while staying onsite. LMCs are expected to complete all usual, checks/postnatal appointments while admitted if no transfer of clinical responsibility has occurred.

Please refer any relevant medical, whānau or social history to the CMM (Maternity) / Shift coordinator ACNM (Gynaecology) on duty for re-admissions, to enable appropriate care-planning.

Reportable Events

Health professionals working in Capital, Coast facilities are required to report any event that causes harm or near miss of harm. This is part of the Health Quality and Safety systems based patient safety framework. The review and patterns of events informs how we can improve the safety of care we provide.

All access holders are required to familiarise themselves with SQUARE (electronic reportable events system). You can find this by clicking on the

SQUARE at the bottom, right hand corner of screen of the intranet [landing page](#). Discuss the reporting of events with the CMM on-duty at the time of the event for guidance on how to complete SQUARE and if any other follow up is required.

