



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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**Submission to the Health Funding Authority on the
Contractual Clause for all Maternity Services Contracts**

31 March 2000

S00.11

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 46 nationally organised societies. It has 36 branches spread throughout the country to which women from some 150 societies are affiliated.

Comments were received from members of the Health Standing Committee and three individual branch members.

From as far back as 1924 NCWNZ has had policy on maternity issues. We have been involved with scholarships, education, separate maternity facilities for women, care of the newborn and also continue to be proactive in monitoring maternity services in New Zealand.

In 1998 NCWNZ completed a successful survey of women with children under 6 months. The results of this survey were submitted to the National Health Committee in 1999 when they too reviewed maternity services in this country.

General:

Members were concerned at the inclusiveness of the document and believe the following points should have been covered:

1. The implementation of baby-friendly hospital initiatives in all HFA funded maternity facilities
2. The importance of breast feeding covering education, promotion and facilitation of breast feeding to reach specific updated national standards with sufficient post-natal support to achieve these
3. A national peri-natal database
4. The need to have a national review of the standards of health professionals working in maternity services
5. The role of the father of the child particularly in pregnancy, birth and parenting should be acknowledged
6. Members felt that there should be more emphasis on parenting from infant to childhood.

Specific comments on the Principles listed by the National Health Committee:

Clause 1:

Focus on the woman, baby and her family or whanau and their identified needs as they relate to pregnancy, birth and parenting.

Members felt that it may have been more appropriate to use focus on pregnancy, birth and baby care, feeding and the health of the mother and baby.





Clause 2 and 3:

Members agreed with the statement to "make quality of services and safety of mother and baby paramount" but felt that there ought to be consideration given to the cultural appropriateness of the services.

Clause 3:

Ensure appropriate services for all women are available for Maori women.

Respondents felt that these 2 clauses should be coalesced into one with appropriate emphasis on whanau focused services for Maori women. In addition, by separating these 2 clauses there is a potential conflict with clause 12 which asks that resources are used carefully and directed to areas of most need.

Clause 4:

Provide all women with appropriate information about entitlement and options for available services. This should begin in early pregnancy.

We suggest that this should be available to women and prospective parents prior to pregnancy.

Clause 5:

Be firmly established in the continuum of primary health care with midwives and medical professionals working co-operatively to ensure a safe quality service.

This principle was read differently by NCWNZ members and therefore, should be re-worded. Comments were made that it is not possible to legislate for interpersonal relationships. As quality has not yet been established by a benchmark, it is difficult to be in a "safe quality service".

Section 51 Maternity Services:

Vision (clause 1.1 Part A)

No 7: In order to ensure ongoing improvements of care, there will be an emphasis on information requirements to monitor both cost and effectiveness of Services using mechanisms that will allow both consumers and providers to review the delivery and effectiveness of Maternity Services in an informed way

Comments received stated that this statement was not reaching the point, and several of our members felt that the real issues of 48-hour discharge, staff problems and working conditions should be addressed as both the NCWNZ and NHC surveys identified such problems.

3.1.2 Part A

No 5: Services will be provided in a manner appropriate to the age of each individual woman. One member felt this should be defined further in chronological age, biochemical, life experience, maturity as well as social.

We would like to thank you for the opportunity to comment on these papers and we look forward to seeing the final outcome.

Barbara Glenie
National President

Elizabeth Bang
Convener, Health Standing Committee