

# 1 Challenge | Wero

Year after year, the Perinatal and Maternal Mortality Review Committee (PMMRC) reports show inequity continues and no significant progress is being made to reduce mortality and morbidity for whānau Māori, Pasifika families, Indian families and those living in areas of high deprivation. Now the COVID-19 pandemic and its response are likely to amplify those shortcomings.

While PMMRC acknowledges the hard work and determination of the sector and its contribution to a significant reduction in perinatal death overall, the inequities that remain are significant and unacceptable.

Therefore, this year, our wero, our challenge to you – the decision-makers and leaders of the health system, and all health organisations and practitioners – is to give priority to implementing the recommendations of the PMMRC.

**Implementation of the PMMRC recommendations remains critical to achieving high-quality, equitable maternal and perinatal care and outcomes.**

**Achieving such care and outcomes will require you to:**

- **meaningfully honour the health sector's responsibilities to Te Tiriti o Waitangi**
- **strengthen your focus and prioritisation to accelerate the implementation of PMMRC recommendations, with the aim of achieving equitable outcomes for Māori mothers and babies.**

Urgent action, centred in equity, is required to help reduce the loss and grief that families and whānau are experiencing as a result of preventable death in Aotearoa/New Zealand.

Since 2007, the PMMRC has made numerous recommendations to drive service- and system-level change. Yet, despite the health sector's commitment to it, the data show that this change has only benefited some groups and remains elusive for many who have greater need.

We all have a responsibility to the women and their babies, families and whānau whose lives and deaths are represented in the PMMRC data to promptly implement recommendations to reduce the perinatal and maternal deaths that are preventable and avoidable. In 2018 alone, reviews identified preventable contributory factors that impacted on 79 perinatal related deaths.

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*We absolutely should be better supporting these parents and whānau, as they are bearing the grief of the death of their baby [...] ~ Dr Vicki Culling, perinatal and infant loss educator*

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## Strengthening your focus and prioritisation

Of utmost concern to the PMMRC are the frequent barriers to accessing care, differential quality of maternity of care, stagnant rates of perinatal death and alarmingly higher rates of maternal suicide that Māori whānau are experiencing. We ask and challenge you all to prioritise recommendations that create a Tiriti-compliant system where it is safe for Māori women to give birth in Aotearoa/New Zealand.

### *Monitoring by ethnicity for improvement analysis*

To meet this challenge, district health boards (DHBs) must invest resource into monitoring key maternity indicators for Māori and other ethnic groups to identify variations between them, and then identify areas for quality improvement based on this analysis. Quality improvement projects must be co-developed so that models of care meet the needs of these populations.

### *National consensus in the care of preterm births*

It is important that DHBs follow the national consensus statement specifically on the care of mother and baby(ies) at periviable gestations<sup>12</sup> published in 2019.

Preterm birth continues to be the leading cause of neonatal death, and Māori babies are over-represented in these deaths. Care for these babies needs to occur in one of Aotearoa/New Zealand's six tertiary neonatal centres, meaning more than one third of families will need to access care away from home. The sector must support whānau and families to access this care, including with transport and accommodation for whānau from outside the tertiary neonatal centres.

### *Cultural safety in practice*

All health organisations must require staff to practise cultural safety standards. Action is needed to address the lack of consideration of cultures and religions outside of western and Christian norms.

### *Calling on the Ministry of Health*

The Ministry of Health plays a critical role in making resources available to support health practitioners, health organisations and district health boards to implement these recommendations.

In upholding its responsibilities under Te Tiriti o Waitangi, the Ministry of Health needs to ensure that Māori have an equal voice in decision-making and the development of health policy, process and practice in order to achieve equitable health outcomes. The Ministry also has a significant role to play in working with, and influencing, other government agencies to do the same, and in this way accelerate progress across the wider determinants of health.

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*It would be misleading to conclude that failures in the health system are the reason for all the disparities. Sub-standard housing, poor education, unemployment, low incomes, cultural alienation, alienation from land, and frank discrimination have all contributed to the problem. In that respect, a whole-of-society remedy must be sought ~ Sir Mason Durie*

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#### **The PMMRC calls on the Ministry of Health to prioritise:**

- the need for investment in maternal and infant mental health
- the development of a high-quality, appropriate and equitable national perinatal bereavement pathway
- aligning ethnicity data collected and included in all data sets with the *Health Information Standards Organisation (HISO) Ethnicity Data Protocols* (Ministry of Health 2017).<sup>13</sup>

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<sup>12</sup> New Zealand Child and Youth Clinical Networks. 2019. *National Consensus Statement on the care of mother and baby(ies) at periviable gestations*. URL: <https://www.starship.org.nz/guidelines/new-zealand-consensus-statement-on-the-care-of-mother-and-baby-ies-at/> (accessed 24 November 2020).

<sup>13</sup> Ministry of Health. 2017. *HISO 10001:2017 Ethnicity Data Protocols*. Wellington: Ministry of Health.

## Working together to make change

To support the implementation of the recommendations of the PMMRC, Appendices B–F list recommendations that are yet to be fully implemented.

Approximately half of the recommendations made over the past 13 years are yet to be fully implemented. Much work remains to be done.

The recommendations have been grouped into five key areas: health practitioners, DHBs, colleges and regulatory bodies, government and research recommendations. Our aim in taking this approach is to make it easier for you to understand where you can make an impact.

We hope that this information also enables you to support the work of your colleagues and organisations and that, in owning these responsibilities together, we can make the greatest and most valuable impact towards changing the outcomes of women and their babies, families and whānau.

Ngā mihi nui ki a koutou katoa.

Mr John Tait  
Chair, Perinatal and Maternal Mortality Review Committee