



26 April 2018

Our ref: MT18-391

Dr Sue Belgrave  
Chair  
Perinatal and Maternal Mortality Review Committee  
Health Quality and Safety Commission  
PO Box 25496  
WELLINGTON 6146

*By email: Joanna.Minster@hqsc.govt.nz*

Dear Dr Belgrave

### **Recommendations from the Perinatal and Maternal Mortality Review Committee (PMMRC) Eleventh Report**

Thank you for the opportunity to provide feedback on the recommendations from the Eleventh Report of the Perinatal and Maternal Mortality Review Committee (the report).

#### ***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

## **The report**

We understand that the report was especially concerned about the overrepresentation of Māori women among maternal suicides. The College has reviewed your recommendations and our feedback on each of the recommendations is set out below.

### **Improved awareness and responsiveness to the increased risk for Māori women**

The College is in the process of updating the curriculum of the General Practice Education Programme. The team responsible for the curriculum development has been alerted about the increased risk of maternal suicide for Māori women and the team is considering whether the Eleventh report should be added to the online learning platform for GP registrars.

### **Mental health screening for all Māori women**

The College acknowledges the need to raise awareness among GPs about the increased mental health risk for Māori women. However, it is difficult for GPs to appropriately address mental health in a 15-minute consultation, in which other pregnancy-related medical issues may need to be discussed. We are aware that some DHBs and PHOs have funded extended GP appointments for patients identified as experiencing serious mental illness or addiction. It may be useful to explore whether fully funded extended appointments should be introduced to support routine mental health screening for all pregnant Māori women.

### **Acute mental health care for pregnant Māori women**

The College asked members to share their experience dealing with pregnant or recently pregnant women in need of acute mental health services. There is a variability in the experience of GPs when referring women to an appropriate health provider. While some of our members commented that they generally have good access to maternal mental health team and other secondary care services, others highlighted poor access and delay in accessing the secondary care. The College considers that women in all areas should have access to necessary care and would support any initiative to improve the access to secondary care.

### **Free post-TOP consultation**

Feedback we received from College members suggest that there is a variability in women returning to the referring doctor for a free post-termination of pregnancy (TOP) consultation. The majority of the members who provided feedback commented that not many women return for a post termination check-up which indicates the need to actively follow up with women who undergo a TOP. The College also notes that the timeframe to provide the post TOP consultation is narrow, which limits the opportunity to review mental health status of Māori women.

### **Monitoring Māori women with a history of serious mental illness**

GPs can be unaware that a patient is pregnant if she seeks care directly from an LMC midwife. The College agrees that GPs should be notified when a woman has a miscarriage, however the process of notification is not very consistent at present and a lack of communication with midwives has been noted by some College members.

### **Better coordination of care**

The College supports the recommendation that the communication and coordination between service providers should be improved and enhanced. Options for information sharing include LMCs requesting access to shared electronic records from general practices and LMCs using electronic systems that GPs can interact with (eg hMAEL™, which is a secure communication channel for the health sector that uses a closed messaging system).

## **Maternal mental health conference**

In collaboration with the New Zealand College of Midwives, the College had planned to host a forum focusing on how primary care can support the mental health and wellbeing of pregnant women and new mothers. Unfortunately, the event had to be cancelled due to a lack of financial resources. However, we would welcome an opportunity to continue with this collaborative initiative if funding was made available.

We hope you find our feedback helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely,

A handwritten signature in blue ink, consisting of a large, stylized 'M' followed by a horizontal line that extends to the right and then curves back down.

**Michael Thorn**  
General Manager – Policy