Guide

Primary Maternity Services Notice 2021

(issued pursuant to Section 88 of the New Zealand Public Health & Disability Act 2000)

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# Purpose of this document

This document provides a guide to the Primary Maternity Services Notice 2021 (the Notice). This document is designed to assist authorised providers of primary maternity services in understanding the Notice and how this Notice has changed from the Primary Maternity Services Notice issued in 2007 (the 2007 Notice).

The Notice includes changes to the current service specifications, quality requirements and claiming processes. Changes to the Notice include:

* encouraging early engagement and continuity of care from the first trimester by remunerating registration and first trimester care
* funding rural practice and travel more equitably
* remunerating Lead Maternity Carers for the extra care they provide to women with complex social or clinical needs
* more effective funding for the care of women who are over-represented in poor outcome statistics
* funding the care associated with a second trimester pregnancy loss
* contributing more equitably to the return transfer costs involved for practitioners who accompany a woman or her baby in an air or road ambulance.

A complete mapping of clauses between the 2007 Notice and the 2021 Notice is attached to this guide as Appendix 1.

A complete mapping of definitions used across the 2007 and 2021 Notices is attached to this guide as Appendix 2.

Appendix 3 contains a step-by-step guide to looking up an urban accessibility (UA) classification.

Appendix 4 contains the *Additional care supplement* criteria, as at 29 November 2021.

Appendix 5 provides information about the new *Transfer support* module and outlines the spoke and hub model.

A collection of all the claiming and practice scenarios used throughout this Guide is available in Appendix 6.

# Part A: Information about this Notice

This part introduces the Notice and sets out its purpose. The key points for authorised providers to note are:

* this Notice replaces the Primary Maternity Services Notice 2007 and all subsequent amendments to that 2007 Notice; and
* the process for amending the Notice is set out in clauses A10 and A11.

## Process for amending the Notice (clauses A10 and A11)

Clauses A10 and A11 deal with amendments to the Notice. The aim of these clauses is to provide a clear process for any amendments to the Notice. Amendments to the Notice under these clauses affects all maternity providers holding an authorisation to claim under the Notice.

Providers should note that there are two processes for amending the Notice. The first process (clause A10) applies to all general amendments to the Notice or its revocation. The second process (clause A11) applies to amendments to the Notice that only involve an increase in a fee or fees. The purpose of this clause is to ensure a timely process for implementing fee changes from time to time.

## Transitional provisions (clause A5)

The transitional provisions have been updated and included here for the implementation of the Notice on 29 November 2021. Key points to note are:

* if, immediately before the implementation date, a person who is eligible for primary maternity services is part way through a module under the 2007 Notice, the person will continue to receive care, but it will be for the remainder of the corresponding module in this 2021 Notice; and
* if, before the implementation date, a claim is made, or may be made, in accordance with the previous 2007 Notice, the terms of the previous 2007 Notice will continue to apply to any claims paid or services provided under that previous Notice; and
* where the *First trimester care* module commences under Notice 2007 and *Second trimester care* module ends on or after 29 November 2021, the LMC shall be eligible for the *First trimester care* fee, the *First trimester rural practice and travel supplement* and the *Second trimester care* fee at the end of the second trimester.

All individual practitioner authorisations under the 2007 Notice (as at 28 November 2021) will automatically be continued under the 2021 Notice (clause A5(9)).

# Part B: Definitions and interpretation

As in the 2007 Notice, Part B contains the terms that have been defined within the Notice. Part B begins by defining the four key terms used in the Notice, being:

* primary maternity services;
* persons who are eligible for primary maternity services;
* maternity provider; and
* practitioner.

Part B then defines other terms used in the Notice. Many of the terms defined at B5 have been updated to reflect current best practice. See the table of definitions in Appendix 2 for a detailed comparison of definitions across the Notices. This table illustrates which definitions have been amended, those that have been deleted and those new definitions that have been added.

# Part C: General requirements

The purpose of this part of the Notice is to set out the general requirements that apply to all services provided and claimed for under the Notice. These include the following:

## Authorisations (subpart CA)

This subpart sets out the requirements governing the granting and termination of an authorisation to claim under the Notice.

Particular points to note with regard to this subpart are set out below.

### Authorisation needed in order to claim (clause CA1)

As with the 2007 Notice, before a provider can claim for services provided under the Notice, they must apply for an authorisation to claim.

### Lapse of authorisation after no claiming for 18 months (clause CA7)

In the 2021 Notice if a maternity provider does not make a claim for a period of 18 months or more then the provider’s authorisation will automatically lapse and cease to have effect. This is a change from the 12-month automatic lapse provided for in the 2007 Notice.

If a provider’s authorisation does lapse under this clause (if, for example, they go on maternity leave or are overseas for an extended period), they will be required to reapply for an authorisation.

## General requirements for providing primary maternity services (subpart CB)

The purpose of this subpart is to set out the general requirements that apply to all primary maternity services and include:

* compliance with legal and professional requirements;
* audit provisions; and
* general service quality requirements.

### Compliance with statutory, regulatory, legal and professional requirements (clause CB1)

This clause has been updated to reflect regulatory changes since 2007. Of note is inclusion of the requirement for practitioners to comply with the requirements of the Children’s Act 2014 (formerly the Vulnerable Children Act 2014).

### Audit (clause CB2)

Providers will note that the audit clause has been updated in line with similar clauses in other health contracts.

### General service quality requirements (clauses CB3 to CB12)

These clauses set out service quality requirements that apply across all primary maternity services to all maternity providers claiming under the Notice.

### Standards for prescriptions and referrals (clause CB13)

Information standards for practitioners’ prescriptions, laboratory test orders, referrals for ultrasounds and other specialist referrals have been included in the Notice. The purpose of these clauses is to ensure that the relevant information is included on all prescriptions and referral forms. This ensures that the providers of these referred services are able to provide a timely service and are able to submit the required information with their claims for payment.

## Claims (subpart CC)

This subpart sets out the requirements governing the submitting, processing and payment of claims.

### No claiming for services funded through another arrangement (clause CC2)

The Notice clarifies that providers will not be paid for services that are funded in another way by either the Ministry of Health or a DHB.

* + - * 1. A maternity provider may not claim under this notice if:

the maternity provider, or a practitioner who works for the maternity provider, is entitled to have the claim satisfied (whether directly or indirectly) under any other arrangement with the Ministry of Health or a DHB; or

the primary maternity services that relate to the claim have been provided by a practitioner in their capacity as an employee or contractor of a DHB, or as an employee of a privately owned, DHB-funded primary maternity facility.

* + - * 1. For the purposes of audit, a practitioner employed by or contracted to a DHB must keep a record of the hours of employment (including on-call hours) with the DHB and make this available to the auditor on request.

### Timing of claims (clause CC4)

All claims for payment should be submitted within six months of the service being provided. If a claim is more than six months after the date of service, the claim will be deducted 10 percent. Claims submitted after one year from the date of service will not be paid.

Also note that all claims for services provided under the 2007 Notice must be submitted within one year of the new 2021 Notice coming into force (29 November 2022), or they will not be paid.

### Methods of claiming (clauses CC5 to CC8)

The ability to claim manually has been exited in the 2021 Notice. The rationale for this administrative change was to improve claim processing time, improve health information security and reduce operational risk as OMC is no longer a supported platform.

A maternity provider must claim electronically for services provided under the 2021 Notice by submitting a claim file to the Ministry of Health via secure electronic transmission.

Manual claims for services provided under the 2007 Notice will continue to be accepted for a period of 12 months after the 2021 Notice comes into force (29 November 2022).

# Part D: Specific requirements

The purpose of Part D of the Notice is to set out the service specifications and payment rules for particular primary maternity services. It is divided into three subparts:

* DA – Lead maternity care services
* DB – Primary maternity single services
* DC – Primary maternity ultrasound services

The term ‘non-LMC’ has been retired and those episodic services provided by authorised providers are now referred to as ‘primary maternity single services’. Some of the primary maternity single services (PMSS) can be claimed by the LMC.

## Lead maternity care (subpart DA)

Lead maternity care is the publicly funded model of care for women accessing maternity care in Aotearoa New Zealand. The aim of lead maternity care is to provide each woman with continuity of care throughout pregnancy, labour and birth, and the postnatal period, within a partnership model of care, ensuring safe, equitable, accessible and high-quality care to all women accessing primary maternity care in Aotearoa New Zealand.

### New and/or amended modules

* Payment for registration services and introduction of a new module called *First assessment, registration and care planning* (FARCP)
* Introduction of new modules called *First trimester care* and *Second trimester care*
* Amended *Home birth planning and supplies* module
* Introduction of new modules called *Rural practice and travel supplements* (RPaTS) attached to the first trimester care, second trimester care, third trimester care, labour and birth care, and postnatal care modules
* Introduction of new modules called *Additional care supplements* (ACS) attached to the antenatal period, the labour and birth, and the postnatal period
* Introduction of a new module called *Planned caesarean section*
* Amended *Labour and birth – exceptional circumstances* module
* Introduction of a new module called *Missed birth – rural*

#### Rural practice and travel supplements (RPaTS)

*Rural practice and travel supplements* are the lead maternity care modules which compensate LMCs for rural practice, and for travel. While these modules provide a fee for travel for each applicable component of care (first, second and third trimester care, labour and birth, and postnatal care), they are particularly focussed on remuneration for the provision of care to women who are not able to easily access services due to distance. See section 5.1.6 for more detailed information about the RPaTS.

**rural** is a statistical geography concept in the [StatsNZ](https://www.stats.govt.nz/methods/urban-accessibility-methodology-and-classification) urban accessibility (UA) classification

#### Additional care supplements (ACS)

*Additional care supplements*are the modules available for claiming by LMCs for the provision of any additional care required by a woman due to their social or clinical complexity. These supplements also specifically remunerate care provided to women in the most at-risk populations. See section 5.1.7 for more detailed information about the ACS and Appendix 4 for a list of the criteria for each of the supplements.

### Registration services

The registration services component of the Notice comprises one module.

In order to receive lead maternity care, a person who is eligible for publicly funded maternity services must register with a midwife or relevantly qualified medical practitioner of her choice (her LMC). Registration may occur at any time from the confirmation of pregnancy until six weeks after the EDD, but no claim for payment may be made for lead maternity care that is provided before the date of registration.

The woman and her LMC must properly complete a registration form in the format specified by the Ministry of Health. By signing the registration from, the LMC is indicating their intention to provide continuity of care to that woman.

The woman must sign the registration form. Each form must be dated with the date on which the form was signed by the woman (date of registration). The woman must be given a copy of her registration form and the LMC must retain a copy in the woman’s file.

Where a woman is not proficient in reading, writing or speaking English, the information on the registration form (where it is written in English) about the services to be provided must be interpreted for the woman. This interpretation discussion must be documented in the woman’s record.

#### First assessment, registration and care planning (DA19/DA20)

This module (the FARCP) can be claimed when the woman registers with an LMC for the first time. Registration has been reinstated as an item of service with a fee attached. Claiming this module indicates the intention and commitment of the LMC to provide continuity of care and on-call 24/7 availability.

**continuity of care** means:

(a) the provision of continuous lead maternity care throughout the antenatal period, the labour and birth, and the postnatal period; and

(b) that this lead maternity care is provided by the LMC with whom the woman has registered. The LMC may be part of a group practice that provides reciprocal back-up, and in the process of providing that back-up, may from time to time, provide some of the woman’s care to enable 24/7 service provision

This module cannot be claimed if the woman re-registers with the same LMC more than once within the same pregnancy, birth or postnatal period. In this situation, a change of registration is recorded but no fee is associated with this change.

The consultation for this module does not contribute to the total count of antenatal or postnatal contacts provided by the LMC to the woman.

Claiming example

Huia is a 28-year-old wahine who is pregnant for the first time; she lives in an urban area. She is well, with no significant health history. Huia lives close to her LMC midwife and her local hospital, and she plans a homebirth. This wahine and her partner are both Māori.

Huia registers with her chosen midwife LMC at 8 weeks gestation. The LMC receives a *First assessment, registration and care planning* fee. Huia spends most of her second trimester staying with whānau in a different region of Aotearoa New Zealand; she registers with another LMC for care during this time. This second LMC receives a *First assessment, registration and care planning* fee. When Huia returns home for the remainder of her pregnancy, she re-registers with her original LMC. The LMC processes the re-registration but does not receive a second *First assessment, registration and care planning* fee.

### Antenatal services

The antenatal services component of the Notice comprises seven modules.

#### First trimester care (DA21/DA22)

* + - * 1. The *First trimester care* module may be claimed when at least one in-person consultation is provided from the LMP date to 13 weeks 6 days gestation.

**in-person** means that the consultation takes place when the parties are present in the same room together, as opposed to a face-to-face consultation which can occur virtually

The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided in the first trimester and cannot be claimed for services provided to a woman on the same date as care provided for the *First assessment, registration and care planning* consultation.

Claiming example

Huia has one visit other than the booking visit in the first trimester and so her LMC receives a *First trimester care* fee, alongside the *First assessment, registration and care planning* fee.

Had Huia not been seen again after the *First assessment, registration and care planning* consultation during the first trimester, the LMC would not be eligible for the *First Trimester Care* fee.

#### Second trimester care (DA25/DA26/DA27)

The *Second trimester care* module may be claimed when at least one in-person consultation is provided from 14 weeks 0 days to 27 weeks 6 days gestation. The services in the second trimester (DA25) are to be provided in addition to those listed in the first trimester (DA21).

The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided in the second trimester and cannot be claimed for services provided to a woman on the same date as care provided for the *First assessment, registration and care planning* consultation.

Only one of the full, the first partial, or the last partial *Second trimester care* fees may be claimed by the LMC, as the case requires. An LMC may claim only the first partial fee if the woman was registered with them but changed LMC or was transferred to secondary care, at or less than 19 weeks 6 days gestation. An LMC may claim only the last partial fee if the woman first registered with them at or greater than 20 weeks 0 days gestation.

**partial payment** means a part payment for a module where services have been provided in the first or last part of the module, and where the payment rules for the relevant service specification have been met

Claiming example

When she is 18 weeks gestation, Huia moves from the South to the North Island to care for her unwell grandmother. Huia returns to the South Island when she is 30 weeks pregnant. Her LMC in the South Island receives the first partial *Second trimester care* fee and her LMC in the North Island receives the full *Second trimester care* fee.

#### Third trimester care (DA31/DA32/DA33)

The *Third trimester care* module may be claimed when at least one in-person consultation is provided from 28 weeks 0 days gestation until the onset of established labour (or birth if this is a planned caesarean section or a caesarean section where no labour occurs). The services in the third trimester (DA31) are to be provided in addition to those listed in the second trimester (DA25).

**established labour** means the period from when active labour is estimated to have commenced as measured by duration, frequency and strength of contractions; and there is evidence of effacement and dilation of the cervix

The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided in the third trimester and cannot be claimed for services provided to a woman on the same date as care provided for the *First assessment, registration and care planning* consultation.

Only one of the full, the first partial or the last partial *Third trimester care* fees may be claimed by the LMC, as the case requires. An LMC may claim only the first partial fee if the woman was registered with them but changed LMC or was transferred to secondary care, at or less than 35 weeks 6 days gestation. An LMC may claim only the last partial fee if the woman first registered with them at or greater than 36 weeks 0 days gestation.

Claiming example

Because Huia has returned to the care of her South Island LMC prior to 36 weeks gestation and goes on to have her baby after 36 weeks gestation, her LMC receives the full *Third trimester care* fee.

### Labour and birth services

The labour and birth services component of the Notice comprises seven modules.

#### Labour and birth care (DA39/DA40)

Labour and birth is defined as the period from the onset of established labour until two hours after the birth of the placenta. Only one *Labour and birth care* fee is payable for a birth (including a multiple birth). The payment to be claimed depends on whether the birth is a first birth, vaginal birth after caesarean (VBAC), or subsequent birth.

A maternity provider may claim the labour and birth fee if the LMC anticipates that clinical responsibility for the labour and birth is to remain with the LMC, but circumstances change and clinical responsibility transfers after established labour to secondary maternity services.

**vaginal birth after caesarean section (VBAC)** means a labour and birth (resulting in either a vaginal birth or an unplanned caesarean section) for a woman who has had a previous birth by caesarean section, whether or not she has also had previous vaginal births

Claiming example

Helena has a history of a vaginal birth for her first baby, then a planned caesarean section for her second baby which was breech. Now pregnant with her third baby, Helena is planning a vaginal birth at her local hospital. At 39 weeks Helena labours spontaneously and progresses to a vaginal birth at 07.07am on Tuesday after three hours of active labour. Helena’s LMC midwife claims the *Labour and birth – VBAC* fee.

#### Home birth planning and supplies (DA41/DA42)

For a woman planning a home birth, the LMC must provide and document a home visit in the third trimester, the purpose of which is to develop a comprehensive documented plan with the woman and her support team for labour and birth at home. The *Home birth planning and supplies module* is the payment that an LMC may claim for attending a home birth.

In the case where an LMC attends an unplanned home birth and has not provided the third trimester home visit, the LMC may make a written application to the Ministry of Health for a discretionary decision on partial payment of this module to cover the cost of consumables.

**home birth** means:

(a) a birth that takes place in a person’s home and not in a maternity facility, where there is a documented plan to birth at home; or

(b) a birth for which management of the labour commences at home and there is a documented plan to birth at home; or

(c) a birth that takes place in a person’s home without a documented plan to birth at home

#### Planned caesarean section (DA43/DA44)

This module may only be claimed where the LMC has attended the planned caesarean section and has submitted a valid *Third trimester care* claim. A ‘planned caesarean section’ means a caesarean section that takes place prior to labour establishing; this might be planned in advance (elective) or occur as a result of an acute issue necessitating expedited delivery in the absence of labour or before labour has established.

This module cannot be claimed for services provided to a woman on the same date as care provided for a *First assessment, registration and care planning* consultation.

#### Labour and birth – exceptional circumstances (DA45/DA46)

This module applies only in exceptional circumstances. If there are special circumstances during labour and birth, the LMC may submit a written application to the Ministry of Health for a discretionary decision on payment of this fee.

#### Missed birth – rural (DA51/DA52)

Where an LMC has provided third trimester care to a woman, and has an intention to provide labour and birth care from the onset of the third trimester, and the woman resides in a rural location, the LMC may claim the *Missed birth – rural* feeif they are unable to attend the birth for either of the following reasons:

the woman is unable to birth locally due to unexpected changes in her clinical or social circumstances during the third trimester; or

the LMC is unexpectedly unable to leave the region due to clinical commitments.

A claim may be made for the *Missed birth – rural* feeat the conclusion of the third trimester, provided the services outlined at DA31 have been provided and a valid *Third trimester care* claim is also submitted.

Where a woman who lives rurally intends on having a planned caesarean section, but the LMC is not able to attend this caesarean section due the reasons outlined at DA51(1), the LMC may not claim the *Missed birth – rural* fee, but rather they may claim the *Planned caesarean section* fee.

Claiming example

Toni lives in an area designated as low urban accessibility. She is pregnant for the second time and plans to have her baby at the local primary facility with her local LMC midwife. At 36 weeks Toni develops obstetric cholestasis and she travels to the secondary facility two hours away for in-patient monitoring and a subsequent induction of labour at 38 weeks. Toni has a vaginal birth and comes back to her home when her baby is 48 hours old. Toni’s LMC has not travelled to the secondary facility to provide labour care but has remained the LMC throughout and provides Toni’s postnatal care.

Toni’s LMC can claim the *Missed birth – rural* fee because there was an unexpected change in Toni’s clinical circumstances in the third trimester. Toni’s LMC also claims the *Third trimester* fee and the *Postnatal care* fee. The LMC will also be eligible for the relevant *RPaTS* and if Toni meets the criteria for the *Antenatal ACS*, the *Labour and birth ACS* or the *Postnatal ACS*, these modules will be paid too.

### Postnatal services

The postnatal services component of the Notice comprises three modules.

#### Postnatal care (DA53/DA54/DA55)

Postnatal care is defined as the services provided in the period from two hours after the birth of the placenta until 42 days following the date of birth. Postnatal consultations are to occur at mutually agreed times of the day to assess and care for the woman and baby in a maternity facility or at home until six weeks after birth, including:

* one consultation at the woman’s home before the end of the day after discharge from the maternity facility; and
* at least seven postnatal consultations in total, including a minimum of five consultations conducted in the woman’s home; and
* if there is an exceptional circumstance that results in a postnatal consultation not being conducted in the woman’s home, this reason must be clearly documented by the LMC.

Only one of the in-patient/no in-patient full, first partial or last partial fees may be claimed by the LMC, as the case requires.

An LMC may claim only the first partial fee if the woman was registered with them but changed LMC at or less than 1 week 6 days following the date of birth, and the LMC has provided at least one in-person consultation. An LMC may claim only the last partial fee if the woman first registered with them between 2 weeks 0 days and 5 weeks 6 days following the date of birth, and the LMC has provided at least one in-person consultation.

**in-patient postnatal care** means the maternity care a woman and baby receives if the woman remains in the maternity facility for 12 hours or more after the birth of the placenta

Claiming example

Helena has an in-patient postnatal stay and is discharged home at 11.00am on Wednesday. Helena’s LMC midwife must visit her at home before the end of the day on Thursday.

When her baby is 3 weeks old Helena takes her children to visit family in another town for the school holidays. Helena’s LMC arranges a midwife in this town to provide postnatal care for her while the family is away. The LMC may either come to a private arrangement with the midwife to disburse payment for any postnatal visits undertaken over the period Helena was away and claims the full *Postnatal care* fee. Alternatively, there may have been a change in registration for that time period. In this case, the original LMC will receive the *Postnatal care* fee. The new LMC will receive the *First assessment, registration and care planning* and the *Postnatal care – last partial*.

### Rural practice and travel supplements (RPaTS)

The *Rural practice and travel supplements*(RPaTS) are the modules available for claiming by LMCs for travel and for the provision of care to women who are not able to easily access services due to distance, in particular but not limited to, women living in rural areas. There is an RPaTS attached to each of the antenatal trimester modules, the labour and birth modules and the postnatal module.

The level of payment for each RPaTS is determined by the [urban accessibility (UA) classification](https://www.stats.govt.nz/methods/urban-accessibility-methodology-and-classification) of the woman’s NHI address at the time the services were provided. To view a map of Aotearoa New Zealand with urban/rural geographies defined visit [here](https://statsnz.maps.arcgis.com/apps/MapSeries/index.html?appid=f20b8344d56d44eeab51539c1a816d5e) and navigate to the Urban accessibility tab. See Appendix 3 for instructions on how to look up a UA classification.

These are the UA classifications and corresponding payments for the RPaTS as at 29 November 2021:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Classification** | **First trimester care** | **Second trimester care** | **Third trimester care** | **Labourand birth care** | **Postnatal care** | **Total** |
| Urban area | $2.31 | $2.31 | $4.62 | $2.31 | $18.46 | $30.00 |
| High UA | $15.62 | $15.62 | $31.23 | $15.62 | $124.92 | $203.00 |
| Medium UA | $26.77 | $26.77 | $53.54 | $26.77 | $214.15 | $348.00 |
| Low UA | $46.85 | $ 46.85 | $93.69 | $46.85 | $374.77 | $609.00 |
| Remote | $78.08 | $78.08 | $156.15 | $78.08 | $624.62 | $1,015.00 |
| Very remote | $95.92 | $95.92 | $191.85 | $ 95.92 | $767.38 | $1,247.00 |

The payment for each RPaTS relates to the provision of care in the module to which the RPaTS claim relates. For example, to claim the *Postnatal RPaTS* the LMC must provide the services listed at DA53 (*Postnatal care*) and meet the payment rules at DA54 to be eligible for the RPaTS payment. The *Rural practice and travel supplements* are therefore paid as instalments attached to each applicable module of care. Full, first and last partial modules are payable (as applicable).

Claiming example

When Huia moved to the North Island in her second trimester, she temporarily resided in a rural area and her new LMC arranged for Huia’s NHI address to be updated for this period of time. The area has an UA classification of ‘low urban accessibility’. The LMC midwife providing her care during this time receives the *Second trimester RPaTS* as she has submitted a valid *Second trimester care* claim.

Huia’s South Island LMC receives travel payments associated with Huia’s South Island address, which is located in an urban area. Because this LMC has submitted a valid first partial *Second trimester care* claim she will receive the first partial *Second trimester RPaTS* fee which is applicable for a ‘major, large, or medium urban area’.

### Additional care supplements (ACS)

The *Additional care supplements* (ACS) are the modules available for claiming by LMCs for the provision of any additional care required by a woman due to their social or clinical complexity. The modules also remunerate provision of care to women who belong to those populations most at-risk of adverse outcomes. There is an ACS attached to antenatal care, labour and birth care and postnatal care.

The criteria for each ACS differ and each criterion is weighted: LOW, MODERATE or HIGH. Each weighting has a different fee associated with it and the total amount payable for the applicable ACS is the total of the fees for the criteria which have been met. For each ACS, there is a maximum fee payable.

|  |  |
| --- | --- |
| **LOW criteria** | $25.00 |
| **MODERATE criteria** | $50.00 |
| **HIGH criteria** | $90.00 |
|  |  |
| **Antenatal ACS maximum** | $350.00 |
| **Labour and birth ACS maximum** | $100.00 |
| **Postnatal ACS maximum** | $250.00 |

The current list of criteria for the *Antenatal ACS*, the *Labour and birth ACS* and the *Postnatal ACS* is attached as Appendix 4. In addition to the criteria for each supplement, Appendix 4 also contains interpretations and definitions pertaining to terms used within the criteria list.

#### Antenatal additional care supplement (DA34/DA35)

A claim may be made for the *Antenatal ACS* at the conclusion of the third trimester, provided the services outlined at DA31 and DA34 have been provided, the payment rules at DA32 or DA33 have been met, and a valid *Third trimester care* claim is also submitted.

Alternatively, a claim may be made for the *Antenatal ACS* at the conclusion of care if the woman changes LMC or transfers to secondary care during the pregnancy. In the case where a woman experiences a first or second trimester pregnancy loss, changes LMC, or clinical responsibility transfers to secondary maternity services during the first or second trimester of pregnancy, the LMC may make a written application to the Ministry of Health for a discretionary decision on partial payment of the *Antenatal ACS*.

#### Labour and birth additional care supplement (DA47/DA48)

A claim may be made for the *Labour and birth ACS* at the conclusion of the labour and birth care, provided the services outlined at DA39 have been provided, the payment rules at DA40 have been met, and a valid *Labour and birth care* claim is also submitted.

#### Postnatal additional care supplement (DA56/DA57/DA58)

A claim may be made for the *Postnatal ACS* at the conclusion of the postnatal care, provided the services outlined at DA53 have been provided, the payment rules at DA54 or DA55 have been met, and a valid *Postnatal care* claim is also submitted.

Claiming example

The midwife providing Huia’s postnatal care is able to make a claim for the *Postnatal ACS* because Huia identifies as Māori. The payment associated with this criterion is determined by its weighting (low, moderate or high). The *Postnatal ACS* fee payable will be the total of the value of each criterion the woman’s care circumstances meet, up to the maximum amount for this supplement. If Huia had required 12 or more postnatal visits, this criterion would default to the maximum payment for the *Postnatal ACS.*

## Primary maternity single services (subpart DB)

This subpart of the Notice describes seven single service episodes. The term ‘non-LMC’ has been retired and we have reverted to referring to those services provided by authorised providers as ‘primary maternity single services’ (PMSS). A further reason for avoiding the use of ‘non-LMC’ is that some of the PMSS can be claimed by the LMC.

#### First trimester single service (DB9/DB10)

This module replaces part of the 2007 Notice *Non-LMC First trimester (with or without threatened miscarriage, miscarriage or termination)*.

A claim for a *First trimester single service* may be made for an in-person consultation with a woman between the LMP date and 13 weeks 6 days gestation. Only one claim may be made per woman per maternity provider per day.

A maternity provider cannot claim a *First trimester single service* if they intend to subsequently register the woman and submit a claim for a *First assessment, registration and care planning* module. This single service cannot be claimed by the LMC with whom the woman is currently registered, in which case the *First trimester care* module may be claimed.

In the case where a woman presents to a maternity provider seeking confirmation of pregnancy but is actually in the second or third trimester, and the services outlined at clause DB9 have been provided, the maternity provider may make a written application to the Ministry of Health for a discretionary decision on payment of this module.

Example scenarios for claiming a *First trimester single service* include:

Woman seeking pregnancy confirmation with a GP or midwife

Subsequent first trimester consultation with GP or midwife to follow up on test results or woman is needing further care prior to registering with an LMC (eg, hyperemesis)

Woman seeking advice and information about termination of pregnancy

A ‘meet and greet’ visit with a woman to discuss care for the pregnancy who subsequently booked with another LMC

#### First trimester pregnancy loss (DB13/DB14)

This module replaces part of two services listed in the 2007 Notice: *LMC First and second trimester* (first partial) and *Non-LMC First trimester (with or without threatened miscarriage, miscarriage or termination)*.

A claim may be made for this single service when in-person consultations between the LMP date and 13 weeks 6 days gestation, or up to two weeks after the pregnancy loss event have been provided to the woman.

This module can be claimed for services provided to a woman on the same date as care provided for the *First assessment, registration and care planning* consultation as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.

This module can be claimed as a single service by a maternity provider who is not the LMC or by the woman’s LMC. The LMC can also claim the *First trimester care* module (if the services have been provided), however, in-person consultations for a first trimester pregnancy loss cannot be counted towards *First trimester care* services.

#### Second trimester pregnancy loss (DB15/DB16)

This is a new module and describes services that may be provided to a woman between 14 weeks 0 days and 19 weeks 6 days gestation where the maternity provider attends in-person at a hospital or community setting during the pregnancy loss event to provide advice and care in collaboration with hospital services as necessary.

To be eligible for the full fee, the maternity provider must attend the pregnancy loss event and provide a minimum of one in-person postpartum consultation. A partial fee applies if the maternity provider only attends the pregnancy loss event or provides postpartum services. The *Second trimester pregnancy loss* module covers care provided for up to two weeks after the date of the pregnancy loss.

This module can be claimed for services provided to a woman on the same date as care provided for the *First assessment, registration and care planning* consultation as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.

This module can be claimed as a single service by a maternity provider who is not the LMC or by the woman’s LMC. The LMC can also claim the *Second trimester care* module however, in-person consultations for a second trimester pregnancy loss cannot be included in the count of consultations provided as part of *Second trimester care* services (DA25).

#### Urgent single service (DB11/DB12)

This module replaces three services listed in the 2007 Notice: *Non-LMC Urgent normal hours pregnancy care*, *Non-LMC Urgent out of hours pregnancy care* and *Non-LMC Urgent postnatal care*. A maternity provider can claim this *Urgent single service* for urgent pregnancy care or urgent postnatal care in situations where the woman is away from her usual place of residence or where the woman has tried and failed to access her LMC and the back-up LMC (where the woman is registered with an LMC).

This module may not be claimed for services provided to a woman in the first trimester of pregnancy by that woman’s general practice, in which case the *First trimester single service* module may be claimed. This module may not be claimed for non-acute and/or in-region consultations, in which case the woman’s LMC or back-up LMC is required to provide the care.

The maternity provider must ensure that there is auditable documentation (which must be produced, on request, to any auditors) in the woman’s records of the following matters:

* where the urgent service was provided antenatally, the woman’s gestation; or where the service was provided postnatally, the number of weeks and days postpartum; and
* whether the woman is away from her usual place of residence; and
* the name of the LMC (where the woman has an LMC); and
* the avenues by which the woman has attempted and failed to contact her LMC and the back-up LMC; and
* evidence of the provision of information to the LMC (where the woman has an LMC).

|  |
| --- |
| Example scenarios for an *Urgent single service* include:Midwife or GP seeing a woman who has an urgent issue when away on holiday in your area, where they need to be physically assessed because the issue cannot be dealt with by their LMC/back-up LMC remotely (eg, UTI requiring antibiotics, etc)Situations where an *Urgent single service* cannot be claimed:Claiming this single service where you are the LMC/back-up LMC or group practice member providing cover for planned time offClaiming this single service when the woman is not away from her usual place of residence |

#### Transfer support (DB18/DB19)

This new module replaces an aspect of two services listed in the 2007 Notice: *LMC Labour and birth (rural support)* (DA27(b)) and *Non-LMC Labour and birth (rural support)* (DB15(b)).

This module is claimable for air or road ambulance transfers that occur as a result of the woman requiring urgent care during pregnancy, labour and birth, and/or postpartum; and/or air or road ambulance transfers that occur as a result of a neonate requiring urgent care after birth. All air or road ambulances are covered in this module, not just those from remote rural or rural locations. Either the LMC or another practitioner may claim this fee.

In order to be eligible to claim this new module, the practitioner must accompany the woman or baby in the air or road ambulance, as the purpose of this payment is to contribute to the cost of the practitioner returning to their home or vehicle.

There are four levels of fee payable for the *Transfer support* module. The amount of payment you receive depends on your transfer start point and your transfer end point. The Ministry of Health has developed a spoke and hub model to differentiate between the four levels of payment. The spoke and hub model is attached at Appendix 5.

|  |
| --- |
| **Ministry of Health transfer support codes** |
| 1 | Less than 30 minutes travel time | High/medium UA | $50.00 |
| 2 | 30–60 minutes travel time | Low UA | $150.00 |
| 3 | 60–120 minutes travel time | Remote UA | $300.00 |
| 4 | More than 120 minutes travel time | Very remote UA | $400.00 |

#### Rural support (DB20/DB21)

This new module replaces an aspect of two services listed in the 2007 Notice: *LMC Labour and birth (rural support)* (DA27(a)) and *Non-LMC Labour and birth (rural support)* (DB15(a)).

This module is claimable by either a general practitioner or midwife who provides urgent care and treatment to support an LMC in a rural location if the services of an obstetrician or paediatrician are needed but are not available, and the LMC requires assistance from another practitioner who has additional maternity skills.

This module may not be claimed by the LMC with whom the woman is currently registered. Additionally, if the *Rural support* fee is claimed, no claim for the *Second midwife* *support services* (DB22) is payable to the same maternity provider.

#### Second midwife support services (DB22/DB23)

This new module replaces an interim use of the 2007 Notice module: *Non-LMC Labour and birth (rural support)*. The aim of this module is to support provision of safe maternity care in the special circumstances outlined in clause DB22(3), and when no other payment module applies. Only midwife LMCs are able to request the support of a second midwife under this service specification. A midwife who is the back-up midwife for a midwife LMC may provide *Second midwife support services*, but only when they are providing second midwife support as described in clause DB22(3), and not when the midwife LMC was required to arrange a back-up LMC midwife under this notice.

The second midwife must provide labour and birth services as required to support the midwife LMCduring a labour event when either of the following special circumstances apply:

where provision of maternity care by the midwife LMC alone during labour and birth could compromise the safety of that care, and the midwife LMC reasonably considers it is unsafe for her to proceed alone without the provision of second midwife services alongside the midwife LMC; or

where the midwife LMC transfers clinical responsibility to the second midwife to ensure the maternity care is not compromised when the midwife LMC requires relief from that labour and birth service provision due to:

fatigue arising from extended provision of labour and birth services; or

onset of illness or injury to the midwife LMC during provision of the labour and birth services; or

unanticipated personal crisis experienced by the midwife LMC during provision of labour and birth services.

A claim for *Second midwife support services* requires provision of in-person midwife support for a minimum of 90 minutes during labour and birth. These services may be provided at any location where the midwife LMC is providing labour and birth services, including, but not limited to, a maternity facility or a woman’s home.

The LMC who requests a second midwife for support must be eligible under this Notice to claim a *Labour and birth care* fee for the woman or must be the named back-up LMC attending the labour and birth in place of the LMC who is eligible to claim a labour and birth fee for the woman.

The *Second midwife support services* fee must be claimed by, and paid to, the second midwife. The claim must record the name and registration number of the LMC midwife who requested the services.

Claiming examples

Suzi is the LMC for Maia who is having her first baby. Suzi has been in attendance at Maia’s labour for a number of hours continuously, including overnight. Suzi is getting tired. To ensure ongoing clinical safety she calls in her colleague Alex to assist during the second stage. Alex stays on to help in the third stage and then she sends Suzi home. Suzi claims the *Labour and birth* fee and Alex claims the *Second midwife support services* fee.

Suzi is also the LMC for Kali who is having her third baby. Kali is in labour and Suzi has just admitted her to the birthing suite in active labour when Suzi gets a call from her son’s school. Her son has broken his arm and Suzi needs to go to him. She calls her colleague Alex to come in to attend Kali. Suzi transfers clinical responsibility for Kali to Alex and leaves the birth. Suzi claims the *Labour and birth* fee and Alex claims the *Second midwife support services* fee.

Alex is the LMC for Tess and for Miri. Tess is G2P1, 39 weeks pregnant and planning a home birth when she goes into labour; Miri is G5 P2, 41 weeks pregnant and planning a hospital birth when she goes into labour at the same time as Tess. Alex is only able to provide labour and birth care to one person at a time, so she calls her back-up LMC Suzi to provide labour and birth care to Miri while she attends to Tess. Alex calls another colleague to be the second midwife at Tess’s home birth. Alex claims the *Labour and birth* fee for Tess. The colleague who attended Tess’s home birth claims the *Second midwife support services* fee. Alex also claims the *Labour and birth* fee for Miri indicating that her back-up attended the birth. Because of their practice arrangement, Alex disburses this *Labour and birth* fee to Suzi.

## Primary maternity ultrasound services (subpart DC)

Subpart DC now only relates to maternity ultrasound as other specialist services have been exited.

A maternity provider who provides an ultrasound scan must conduct that scan in accordance with the [New Zealand Obstetric Ultrasound Guidelines 2019](https://www.health.govt.nz/publication/new-zealand-obstetric-ultrasound-guidelines), available on the Ministry of Health website.

Radiologists may not claim for the provision of maternity ultrasound services under this Notice in the following circumstances:

if a woman self-refers for an ultrasound without a clinical indication;

if there is no applicable clinical reason code on the referral form;

if the woman is not a person who is eligible for funded maternity services;

if the woman presents more than more than six weeks after the birth; or

if the woman presents more than two weeks after a miscarriage or termination of pregnancy.

The fee for this service may be claimed only if an appropriate referral has been received in accordance with clause DC4(1)(b). A code corresponding to the relevant indication must be stated on both the referral form and on the claim. The list of codes for maternity ultrasound scans is available on the [Ministry of Health](https://www.health.govt.nz/publication/primary-maternity-services-notice-2021) website and identifies the approved clinical indications for funded ultrasound scans in pregnancy.

# Schedule 1: Fee groups

This schedule sets out the fee groups classified according to purchase unit. The purchase units correspond to the purchase units contained in the service specifications in Part D of the Notice.

| **Purchase unit** | **Fee group** | **Category** | **Service claim code** | **Service description** | **Fee code** | **Fee description** |
| --- | --- | --- | --- | --- | --- | --- |
| WM-REG | 210 | Registration services | RØ | Maternity registration | ØØR | Registration only – no fee |
| FAR | First assessment, registration and care planning |
| WM1007 | 211 | Antenatal | LI | Maternity LMC first trimester antenatal services | ØØC | LMC first trimester care |
| RPC | LMC first trimester – rural practice and travel supplement |
| LS | Maternity LMC second trimester antenatal services | ØØC | LMC second trimester care – full |
| ØØF | LMC second trimester care – first partial |
| ØØL | LMC second trimester care – last partial |
| RPC | LMC second trimester rural practice and travel supplement – full |
| RPF | LMC second trimester rural practice and travel supplement – first partial |
| RPL | LMC second trimester rural practice and travel supplement – last partial |
| WM1007 (continued) | 211 | Antenatal (continued) | LT | Maternity LMC third trimester antenatal services | ØØC | LMC third trimester care – full |
| ØØF | LMC third trimester care – first partial |
| ØØL | LMC third trimester care – last partial |
| RPC | LMC third trimester – rural practice and travel supplement – full |
| RPF | LMC third trimester rural practice and travel supplement – first partial |
| RPL | LMC third trimester – rural practice and travel supplement – last partial |
| LA | Maternity LMC antenatal services | ACS | LMC antenatal additional care supplement – full |
| ACP | LMC antenatal additional care supplement – partial |
| WM1008 | 212 | Labour and birth services | LL |  | LØF | LMC labour and birth first birth |
| LØV | LMC labour and birth VBAC |
| LØS | LMC labour and birth subsequent birth |
| GØF | GP/Obs LMC labour and birth first birth |
| GØV | GP/Obs LMC labour and birth VBAC |
| GØS | GP/Obs LMC labour and birth subsequent birth |
| HBC | Home birth planning and supplies |
| HBP | Home birth planning and supplies – partial |
| LØC | Planned caesarean attendance |
| LØE | Labour and birth exceptional circumstances |
| WM 1008 (continued) | 212 | Labour and birth services (continued) | LL |  | ACS | LMC labour and birth – additional care supplement |
| RPC | LMC labour and birth – rural practice and travel supplement – full |
| MBR | LMC labour and birth – missed birth – rural |
| WM1009 | 213 | Postnatal care | LP | Maternity LMC Postnatal Services | LIC | LMC postnatal care (in‑patient stay) – full |
| LIF | LMC postnatal care (in‑patient stay) – first partial |
| LIL | LMC postnatal care (in‑patient stay) – last partial |
| LNC | LMC postnatal care (no in-patient stay) – full |
| LNF | LMC postnatal (no in‑patient stay) – first partial |
| LNL | LMC postnatal (no in‑patient stay) – last partial |
| ACC | LMC postnatal – additional care supplement – full |
| ACF | LMC postnatal – additional care supplement – first partial |
| ACL | LMC postnatal – additional care supplement – last partial |
| RPC | LMC postnatal rural practice supplement – full |
| RPF | LMC postnatal rural practice and travel supplement – first partial |
| RPL | LMC postnatal rural practice and travel supplement – last partial |
| WM1000 | 219 | Primary maternity single services | SS | Primary maternity single services | ØFS | First trimester single service |
| ØAO | Urgent single service |
| ØFP | First trimester pregnancy loss |
| ØSP | Second trimester pregnancy loss – full |
| ØPP | Second trimester pregnancy loss – partial |
| ØTS | Transfer support |
| ØRS | Rural support |
| ØSM | Second midwife support services |
| WM1005 | 215 | Ultrasound services | SU | Maternity radiology specialist consult | ØØS | Ultrasound scan |
| 218 | Ultrasound scan (radiologist specialist exemption) |

# Appendices

## Appendix 1: Clause by clause mapping

The following tables show the differences between the 2007 Notice and the 2021 Notice in a clause-by-clause comparison.

The comparison is set out according to the structure of the two Notices: Part A, Part B, Part C, Part D, Schedules.

Each change has been assigned a classification indicating the extent of the changes between the two Notices:

|  |  |
| --- | --- |
| **Administrative** | A change required to update terminology, references to Acts, spelling, grammar, numbering, etc. |
| **Minor** | A minor change to either a service specification or payment rule with minimal expected impact. |
| **Major** | A major change to either a service specification or payment rule with significant impact on service provision or claiming process. |
| **Addition** | A new definition, clause, term, service specification or payment rule. |
| **Deletion** | A service that was in the 2007 Notice that has been exited in the 2021 Notice. |
| **Out of scope** | No change possible as this part of the Notice was out of scope. |

#### Summary of changes to Part A

|  |  |  |
| --- | --- | --- |
| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| Title | Date and name changes | Administrative |
| Commencement | Date and name changes | Administrative |
| Contents | Updated headings and page numbers | Administrative |
| A1 | Name change | Administrative |
| A2 | Date change | Administrative |
| A3 | No change |  |
| A4 | No change |  |
| A5 | Date change A5(6)Wording change A5(7)New clause A5(8)New clause A5(9)New clause A5(10)List renumbered A5 | Administrative |
| A6 | Minor wording changes | Administrative |
| A7 | No change |  |
| A8 | Subpart name changes A8(2)(b) and (c) | Administrative |
| A9 | Minor wording changes | Administrative |
| A10 | No change |  |
| A11 | No change |  |
| A12 | Wording change A12(6)(b) | Administrative |

#### Summary of changes to Part B

|  |  |  |
| --- | --- | --- |
| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| B1 | *Termination of pregnancy* removed B1(b)(viii)List renumbered B1(b) | Administrative |
| B2 | No change |  |
| B3 | No change |  |
| B4 | *Paediatrician* removed | Administrative |
| B5 | Numerous definition changes, additions and deletions | Major |
| B6 | No change |  |
| B7 | No change |  |
| B8 | No change |  |
| B9 | No change |  |
| B10 | No change |  |

#### Summary of changes to Part C

| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| --- | --- | --- |
| CA1 | Wording changes CA1(1)/CA1(2)New clause CA1(3) | Addition |
| CA2 | Minor wording changes | Administrative |
| CA3 | No change |  |
| CA4 | No change |  |
| CA5 | Wording change CA5(1)(b)New clause CA5(2) | Addition |
| CA6 | No change |  |
| CA7 | CA7(1)(a) 12 months is now 18 months | Administrative |
| CA8 | New clauses CA8(3)/CA8(4) | Addition |
| CB1 | Wording change CB1(2)New clause CB1(30)(i) | Addition |
| CB2 | Wording changes CB2(1)(a) and (b)/CB2(2)(a)/CB2(6)New clauses CB2(3) and (4)List renumbered CB2 | Addition |
| CB3 | Minor wording changes | Administrative |
| CB4 | No change |  |
| CB5 | No change |  |
| CB6 | Wording change CB6(1)New clause CB6(2) | Addition |
| CB7 | No change |  |
| CB8 | No change |  |
| CB9 | No change |  |
| CB10 | No change |  |
| CB11 | No change |  |
| CB12 | No change |  |
| CB13 | Wording change CB13(1)(a)(4)New clause CB13(2)List renumbered CB13 | Addition |
| CC1 | Wording change CC1(d) | Administrative |
| CC2 | Wording change CC2(1)(b) |  |
| CC3 | No change |  |
| CC4 | Wording changes: HealthPAC references removed | Administrative |
| CC5 | 2007 CC5 and CC6 removed and remaining clauses renumbered2021 CC5 is now *Electronic claiming* and has been subject to wording changes | DeletionAdministrative |
| CC6 | 2021 CC6 is now *Payment of claims* and has been subject to wording changes | Administrative |
| CC7 | 2021 CC7 is now *Set-off*Wording changes CC7(1) and (2) | AdministrativeMinor |
| CC8 | 2021 CC8 is now *Reconsideration of claim* | Administrative |
| CC9 | 2007 CC5 and CC6 removed and remaining clauses renumbered | Administrative |
| CC10 | 2007 CC5 and CC6 removed and remaining clauses renumbered | Administrative |

#### Summary of changes to Part D

##### Subpart DA

| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| --- | --- | --- |
| DA | 2007 clauses in subpart DA related to lead maternity care (DA1–DA31)2021 clauses subpart DA relate to lead maternity care (DA1–DA60) |
| DA1 | Expands on 2007 DA1 | Addition |
| DA2 | Expands on 2007 DA2 | Addition |
| DA3 | No change from 2007 DA3 |  |
| DA4 | Wording changes from 2007 DA4 | Minor |
| DA5 | Wording changes from 2007 DA5 | Minor |
| DA6 | Wording changes from 2007 DA6 | Minor |
| DA7 | Wording changes from 2007 DA7 | Minor |
| DA8 | Wording changes from 2007 DA8 | Minor |
| DA9 | Wording changes from 2007 DA9 | Minor |
| DA10 | Wording changes from 2007 DA10 | Minor |
| DA11 | Wording changes from 2007 DA11 | Minor |
| DA12 | No change from 2007 DA12 |  |
| DA13 | Wording changes from 2007 DA13 | Minor |
| DA14 | Wording changes from 2007 DA14 | Administrative |
| DA15 | Wording changes from 2007 DA15 | Administrative |
| DA16 | Wording changes from 2007 DA16 | Administrative |
| DA17 | Wording changes from 2007 DA17 | Administrative |
| DA18 | Wording changes from 2007 DA18 | Minor |
| DA19 | New service specification drawing on 2007 DA19 and DB10 | Major |
| DA20 | New payment rules drawing on 2007 DA20 and DB11 | Major |
| DA21 | New service specification drawing on 2007 DA19 | Major |
| DA22 | New payment rules drawing on 2007 DA20 | Major |
| DA23 | New service specification | Addition |
| DA24 | New payment rules | Addition |
| DA25 | New service specification drawing on 2007 DA19 | Major |
| DA26 | New payment rules drawing on 2007 DA20 | Major |
| DA27 | New partial payment rules drawing on 2007 DA20 | Major |
| DA28 | New service specification | Addition |
| DA29 | New payment rules | Addition |
| DA30 | New partial payment rules | Addition |
| DA31 | Wording changes based on 2007 DA21 | Minor |
| DA32 | Wording changes based on 2007 DA22 | Minor |
| DA33 | Wording changes based on 2007 DA22 | Minor |
| DA34 | New service specification | Addition |
| DA35 | New payment rules | Addition |
| DA36 | New service specification | Addition |
| DA37 | New payment rules | Addition |
| DA38 | New partial payment rules | Addition |
| DA39 | Wording changes based on 2007 DA23 | Minor |
| DA40 | Wording changes based on 2007 DA24 | Minor |
| DA41 | New service specification | Addition |
| DA42 | New payment rules | Addition |
| DA43 | New service specification based on 2007 DA25 | Addition |
| DA44 | New payment rules based on 2007 DA26 | Addition |
| DA45 | Wording changes based on 2007 DA25 | Major |
| DA46 | Wording changes based on 2007 DA26 | Major |
| DA47 | New service specification | Addition |
| DA48 | New payment rules | Addition |
| DA49 | New service specification | Addition |
| DA50 | New payment rules | Addition |
| DA51 | New service specification | Addition |
| DA52 | New payment rules | Addition |
| DA53 | Wording changes based on 2007 DA29 | Minor |
| DA54 | Wording changes based on 2007 DA30 | Minor |
| DA55 | New partial payment rules drawing on 2007 DA30 | Addition |
| DA56 | New service specification | Addition |
| DA57 | New payment rules | Addition |
| DA58 | New partial payment rules | Addition |
| DA59 | New service specification | Addition |
| DA60 | New payment rules drawing on 2007 DA31 | Addition |
| DA61 | New partial payment rules drawing on 2007 DA31 | Addition |

##### Subpart DB

| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| --- | --- | --- |
| DB | 2007 clauses in subpart DB related to maternity non-LMC services(DB1–DB18)2021 clauses in subpart DB relate to primary maternity single services(DB1–DB23) |
| DB1 | Wording changes from 2007 DB1 | Minor |
| DB2 | Wording changes from 2007 DB2 | Minor |
| DB3 | Wording changes from 2007 DB3 | Minor |
| DB4 | 2007 DB4 removed and remaining clauses renumberedWording changes from 2007 DB5 | Minor |
| DB5 | Wording changes from 2007 DB6 | Minor |
| DB6 | Wording changes from 2007 DB7 | Minor |
| DB7 | Wording changes from 2007 DB8 | Administrative |
| DB8 | Wording changes from 2007 DB9 | Administrative |
| DB9 | New service specification drawing on 2007 DB10 | Addition |
| DB10 | New payment rules drawing on 2007 DB11 | Addition |
| DB11 | New service specification drawing on 2007 DB12, DB13, DB17 | Addition |
| DB12 | New payment rules drawing on 2007 DB14 and DB18 | Addition |
| DB13 | New service specification drawing on 2007 DB10 | Addition |
| DB14 | New payment rules drawing on 2007 DB11 | Addition |
| DB15 | New service specification | Addition |
| DB16 | New payment rules | Addition |
| DB17 | New partial payment rules | Addition |
| DB18 | New service specification drawing on 2007 DA27 and DB15 | Addition |
| DB19 | New payment rules drawing on 2007 DA28 and DB16 | Addition |
| DB20 | New service specification drawing on 2007 DA27 and DB15 | Addition |
| DB21 | New payment rules drawing on 2007 DA28 and DB16 | Addition |
| DB22 | New service specification drawing on supplement info | Addition |
| DB23 | New payment rules drawing on supplement info | Addition |

##### Subpart DC

|  |  |  |
| --- | --- | --- |
| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| DC | 2007 clauses in subpart DC related to specialist medical maternity services (DC1–DC15)2021 clauses in subpart DC relate to primary maternity ultrasound services (DC1–DC9) | Out of scope |
| DC1 | Wording changes from 2007 DC1 | Major |
| DC2 | Wording changes from 2007 DC2 | Major |
| DC3 | Wording changes from 2007 DC3 | Minor |
| DC4 | Wording changes from 2007 DC4 | Major |
| DC5 | Wording changes from 2007 DC5 | Administrative |
| DC6 | Wording changes from 2007 DC6 | Minor |
| DC7 | Wording changes from 2007 DC7 | Minor |
| DC8 | Wording changes from 2007 DC10 | Administrative |
| DC9 | Wording changes from 2007 DC11 | Major |

#### Summary of changes to Schedules

|  |  |  |
| --- | --- | --- |
| **2007 Notice section** | **2021 Notice change** | **Type of change** |
| Schedule 1 | Fee schedule structure, claim codes and fee changes | Administrative |
| Schedule 2 | Removed | Deletion |
| Schedule 3 | Removed | Deletion |

## Appendix 2: Definition mapping

| **2007 definitions** | **2021 definitions** |
| --- | --- |
| **access agreement** means the generic agreement for access to maternity facilities and birthing units as set out in Schedule 3 | **Access Agreement** means the generic agreement for access to maternity facilities, available on the [Ministry of Health](https://www.health.govt.nz/publication/primary-maternity-services-notice-2021) website |
| **Act** means the New Zealand Public Health and Disability Act 2000 | **Act** means the New Zealand Public Health and Disability Act 2000 |
|  | **acute call-out** means an unscheduled, after normal working hours, in-person attendance for an urgent or acute issue |
|  | **additional care supplements** are the modules available for claiming by LMCs for the provision of any additional care required by a woman due to their social or clinical complexity |
| **additional postnatal visits** means the fee payable to maternity providers if they have provided more than 12 postnatal visits to the mother and baby as a part of services following birth |  |
|  | **agreed EDD** means the estimated due date as agreed by the woman and the maternity provider considering all pertinent information |
| **amniocentesis** means a foetal diagnostic procedure to determine foetal normality by aspiration of amniotic fluid through the mother’s abdomen |  |
| **artificial feeding** means the baby has had no breast-milk in the past 48 hours but has had alternative liquid such as infant formula with or without solid food in the past 48 hours | **artificial feeding** means the baby has had no breast milk in the past 48 hours but has had an alternative liquid such as a breast milk substitute (infant formula) with or without solid food, in the past 48 hours |
| **authorisation** means an authorisation granted by the Ministry of Health under clause CA1 | **authorisation** means an authorisation granted by the Ministry of Health under clause CA1 that enables a person to provide services and claim payment under the terms of this Primary Maternity Services Notice 2021 issued in accordance with section 88 of the Act |
| **away from her usual place of residence** means a woman has stayed for 1 night or more in a location which is at least 1 hour by normal road transport from her usual place of residence | **away from usual place of residence** means a woman has stayed for one night or more in a location which is at least 1 hour by normal road transport from her usual place of residence |
| **back-up LMC** means a midwife, general practitioner with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners), or obstetrician who has a formal relationship with the LMC (for example, they may both be employees of the same maternity provider or the back-up LMC is contracted by the LMC) to provide lead maternity care to women registered with the LMC when the LMC is not available to provide these services | **back-up LMC** means a practitioner who has a formal relationship with the LMC to provide maternity care to women registered with the LMC when they are not available to provide these services themselves |
| **BFHI** means the baby friendly hospital initiative launched by the World Health Organisation and UNICEF in 1992 and adapted for New Zealand by the New Zealand Breastfeeding Authority in 1999 | **BFHI** means the Baby Friendly Hospital Initiative launched by the World Health Organisation and UNICEF in 1992 and adapted for New Zealand as Baby Friendly Aotearoa |
| **birth** means a delivery of a baby (or babies for a multiple birth) after a minimum of 20 weeks 0 days gestation and/or with a birth weight over 400 grams | **birth** means a birth of a baby after a minimum of 20 weeks 0 days gestation and/or with a birth weight over 400 grams |
| **birthing unit** means a facility that provides birthing unit services in accordance with the service specification for birthing unit services available from the Ministry of Health |  |
| **birthing unit support** mean the payment that maternity providers may claim under this notice if the birth occurs in a birthing unit |  |
| **care plan** means the process by which the LMC and the woman develop a plan of care for the woman and her baby and the documentation of this plan throughout the individual clinical notes pertaining to this woman | **care plan** means the process by which the LMC and the woman develop a plan of care for the woman and her baby, and the documentation of this plan throughout the individual clinical records pertaining to this woman |
| **caregiver**, in relation to a baby –(a) means the person who has the primary responsibility for the day-to-day care of the baby, other than on a temporary basis; but(b) does not include the mother of the baby | **caregiver**, in relation to a baby:(a) means the person who has the primary responsibility for the day-to-day care of the baby, other than on a temporary basis; but(b) does not include the mother of the baby |
| **chorionic villous sampling** means a foetal diagnostic procedure, which is the aspiration of a sample of chorionic (placental) tissue for biochemical and chromosomal analysis |  |
| **claim** –(a) means a request for payment for primary maternity services that is forwarded to HealthPAC; and(b) does not include a registration or change of registration | **claim** means a request for payment for maternity services that is sent to the Ministry of Health |
|  | **continuity of care** means, for the purposes of this notice:(a) the provision of continuous lead maternity care throughout the antenatal period, the labour and birth, and the postnatal period; and(b) that this lead maternity care is provided by the LMC with whom the woman has registered. The LMC may be part of a group practice that provides reciprocal back-up, and in the process of providing that back-up, may from time to time, provide some of the woman’s care to enable 24/7 service provision |
|  | **DDU** means a Diploma of Diagnostic Ultrasound conferred by the Australasian Society for Ultrasound in Medicine |
| **DHB** has the same meaning as in section 6(1) of the Act | **DHB** has the same meaning as in section 6(1) of the Act |
| **DHB provider arm** means a provider of health services that is a part of a District Health Board or wholly owned by a District Health Board or Boards | **DHB provider arm** means a provider of health services that is a part of a DHB or wholly owned by one or more DHBs |
| **estimated date of delivery (EDD)** means either the estimated date of delivery of the baby or the actual date of the delivery of the baby | **estimated due date (EDD)** means either the estimated date of birth of the baby, or the actual date of birth of the baby |
| **established labour** means the period from when labour is estimated to have commenced as measured by duration, frequency, and strength of each contraction | **established labour** means the period from when active labour is estimated to have commenced as measured by duration, frequency and strength of contractions; and there is evidence of effacement and dilation of the cervix |
| **exclusive breastfeeding** means that, to the mother’s knowledge –(a) the infant has never had any water, formula or other liquid or solid food; and(b) only breast-milk, from the breast or expressed, and prescribed medicines, defined as per the Medicines Act 1981, have been given to the baby from birth | **exclusive breastfeeding** means that, to the mother’s knowledge:(a) the infant has never had any water, breast milk substitute (infant formula), or other liquid or solid food; and(b) only breast milk, from the breast or expressed, and prescribed medicines, defined as per the Medicines Act 1981, have been given to the baby from birth |
| **family planning practitioner** means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of practice of family planning and reproductive health and holds an annual practicing certificate | **family planning practitioner** means a health practitioner who is registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of practice of family planning and reproductive health and holds an annual practising certificate |
| **first birth** means that a woman has not previously experienced a birth | **first birth** means that a woman has not previously experienced a birth |
| **first consultation** means a consultation with an obstetrician for consulting obstetrician services, as per clause DC12, or a paediatrician for consulting paediatrician services, as per clause DC14, if there has been no previous primary maternity services provided to the same woman by the same specialist involving the same medical problem |  |
| **first trimester** means the period from the LMP date until the end of the fourteenth week of pregnancy (1-12 weeks after conception) | **first trimester** means the period from the LMP date until 13 weeks 6 days of pregnancy are completed |
| **foetal blood sampling** means a foetal diagnosis procedure where foetal blood is obtained directly from the umbilical cord performed after 17 weeks of pregnancy |  |
| **fully breastfeeding** means the infant has taken breast-milk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the previous 48 hours | **full breastfeeding** means that the infant has taken breast milk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the previous 48 hours |
| **geographical area**, in relation to a DHB, means the geographical area of the DHB as specified in Schedule 1 of the Act | **geographical area**, in relation to a DHB, means the geographical area of the DHB as specified in Schedule 1 of the Act |
| **general practitioner** means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of practice of general practice and holds an annual practicing certificate | **general practitioner** means a health practitioner who is registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of general practice and holds an annual practising certificate |
|  | **general practitioner obstetrician** means a general practitioner with a Diploma in Obstetrics or a Diploma in Obstetrics and Medical Gynaecology (or equivalent, as determined by the New Zealand College of General Practitioners) |
|  | **gestation** means the process or period of development inside the uterus between conception and birth |
| **gravida** means the total number of pregnancies the woman has experienced including the current one (for example, a woman who has had one prior pregnancy, and is currently pregnant, is designated ‘Gravida 2’) | **gravida** means the total number of pregnancies the woman has experienced including the current one |
|  | **group practice** means two or more LMCs, all of whom hold an annual practising certificate, working together to provide back up and on-call support for each other as negotiated, in order to ensure 24/7 availability of primary maternity services |
| **GST** means good and services tax payable under the Good and Services Tax Act 1985 | **GST** means good and services tax payable under the Good and Services Tax Act 1985 |
| **HealthPAC** means Health Payments Agreements and Compliance, a business unit of the Ministry of Health responsible for processing and payment of claims |  |
| **homebirth** means –(a) a birth that takes place in a person’s home and not in a maternity facility or birthing unit; or(b) a birth for which management of the labour commences at home and there is a documented plan to birth at home | **home birth** means:(a) a birth that takes place in a person’s home and not in a maternity facility, where there is a documented plan to birth at home; or(b) a birth for which management of the labour commences at home and there is a documented plan to birth at home; or(c) a birth that takes place in a person’s home without a documented plan to birth at home |
| **homebirth supplies and support** means the payment that maternity providers may claim for a homebirth | **home birth planning and supplies** means the payment that a practitioner may claim for a home birth |
| **home visit** means a postnatal domiciliary consultation between the woman and baby and a practitioner at –(a) the home where the woman and baby is domiciled; or(b) a maternity facility where the woman has been discharged as an inpatient but the baby remains as an inpatient | **home visit** means a consultation which can occur at any time during the pregnancy, labour and birth or postnatal period, between the woman and baby and a maternity provider at:(a) the home where the woman and/or baby is domiciled; or(b) a maternity facility where the woman has been discharged as an in-patient, but the baby remains as an in-patient |
| **hospital midwifery services** means the midwifery component of labour and birth, and postnatal care provided by a DHB employed midwife where the LMC is a general practitioner or obstetrician | **hospital midwifery services** means the midwifery component of labour and birth provided by a DHB-employed midwife where the LMC is a general practitioner or obstetrician |
| **inpatient** means that the woman and/or baby receives maternity services in an inpatient setting, being either admitted to a maternity facility or a birthing unit or having received a consultation in a maternity facility of more than 3 hours duration | **in-patient** means that the woman and/or baby receives maternity services in an in-patient setting, being either admitted to a maternity facility or having received a consultation in a maternity facility of more than three hours duration |
| **inpatient postnatal care** means the 24 hour care a woman and baby receives if the woman remains in the maternity facility for 12 hours or more after the birth | **in-patient postnatal care** means the maternity care a woman and baby receives if the woman remains in the maternity facility for 12 hours or more after the birth of the placenta |
|  | **in-person** means that the consultation takes place when the parties are present in the same room together, as opposed to a face-to-face consultation which can occur virtually |
| **labour and birth** means the period from the onset of established labour until 2 hours after delivery of the placenta | **labour and birth** means the period from the onset of established labour until 2 hours after the birth of the placenta |
| **last menstrual period (LMP) date** means the estimated or actual date of the beginning of the woman’s last menstrual period | **last menstrual period (LMP) date** means the date of the first day of the woman’s last menstrual period |
| **lead maternity care** means to provide a woman and her baby with continuity of care throughout pregnancy, labour and birth and the postnatal period as described in Subpart DA | **lead maternity care** means to provide a woman and her baby with continuity of care throughout pregnancy, labour and birth, and the postnatal period as described in subpart DA |
| **lead maternity carer (LMC)** means a person who –(a) is –(i) a general practitioner with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners); or(ii) a midwife; or(iii) an obstetrician; and(b) is either—(i) a maternity provider in his or her own right; or(ii) an employee or contractor of a maternity provider; and(c) has been selected by the woman to provide her lead maternity care | **lead maternity carer (LMC)** means a person who:(a) is:(i) a midwife, or(ii) an obstetrician, or(iii) a general practitioner with a Diploma in Obstetrics, a Diploma in Obstetrics and Medical Gynaecology (or equivalent, as determined by the New Zealand College of General Practitioners); and(b) is either:(i) a maternity provider in their own right, or(ii) a practitioner (described in paragraphs (a)(i) to (iii) inclusive) who is an employee or contractor of a maternity provider; and(c) has been selected by the woman to provide her lead maternity care |
| **maternity facility** means a facility that provides maternity facility services in accordance with the service specification for maternity facility services available from the Ministry of Health | **maternity facility** means a facility that provides maternity facility services in accordance with the service specification for maternity facility services available from the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications/maternity-service-specifications) website |
| **maternity non-LMC services** means the services that are either in addition to lead maternity care or services sought on a casual basis outside lead maternity care as described in Subpart DB | **maternity non-LMC services** means the primary maternity services that are either in addition to lead maternity care or services sought on a casual basis outside lead maternity care, henceforth known as primary maternity single services (PMSS), as described in Subpart DB |
| **medical radiation technologist** means a health practitioner who is, or is deemed to be, registered with the Medical Radiation Technologists Board (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of sonographer and holds an annual practicing certificate | **medical radiation technologist** means a health practitioner who is registered with the Medical Radiation Technologists Board (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of sonographer and holds an annual practising certificate |
| **message standard definition** means the current version of the HealthPAC Electronic Claiming: Message Standard Definition applicable to Maternity Providers as approved by the Ministry of Health | **message standard definition** means the current version of the Electronic Claiming: Message Standard Definition applicable to maternity providers as approved by the Ministry of Health |
| **midwife** means a health practitioner who is, or is deemed to be, registered with the Midwifery Council (established by the Health Practitioners Competence Assurance Act 2003) as a practitioner of the profession of midwifery and holds an annual practicing certificate | **midwife** means a health practitioner who is registered with the Midwifery Council (established by the Health Practitioners Competence Assurance Act 2003) as a practitioner of the profession of midwifery and holds an annual practising certificate |
| **miscarriage** means a pregnancy that ends spontaneously before 20 weeks gestation | **miscarriage** means a pregnancy that ends spontaneously before 20 weeks gestation |
| **module** means the group of services for a phase of pregnancy | **module** means a group of services provided by a practitioner for a particular phase of pregnancy, labour and birth, or postpartum |
| **National Health Index (NHI)** means the unique person identifier number allocated by the New Zealand Health Information Service | **National Health Index (NHI)** means the record of unique identification numbers allocated by the New Zealand Health Information Service |
| **National Immunisation Register (NIR)** means the computerised information system that has been developed to hold immunisation details of New Zealand children | **National Immunisation Register (NIR)** means the computerised information system that holds immunisation details of New Zealand children |
|  | **normal working hours** vary from place to place and practitioner to practitioner, but generally mean the hours between 7.00am and 7.00pm on working days |
| **normal road transport** means transport by car or similar motorised vehicle and in accordance with times determined by the Ministry of Health | **normal road transport** means transport by car or similar motorised vehicle |
| **obstetrician** means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of obstetrics and gynaecology and holds an annual practising certificate | **obstetrician** means a health practitioner who is registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of obstetrics and gynaecology and holds an annual practising certificate |
|  | **on-call** means being available 24/7 by phone or pager, to provide telephone advice or in-person attendance for urgent or acute issues |
|  | **out-of-region** means a woman is away in a location which is at least one hour by normal road transport from her usual place of residence |
| **OMC** means online maternity claiming |  |
| **paediatrician** means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of paediatrics or paediatric surgery and holds an annual practising certificate |  |
| **parity** means the number of times a woman has borne children counting multiple births as one and including stillbirths | **parity** means the number of times a woman has borne children counting multiple births as 1 and including stillbirths |
| **partial breastfeeding** means the infant has taken some breast-milk and some infant formula or other solid food in the past 48 hours | **partial breastfeeding** means the infant has taken some breast milk and some breast milk substitute (infant formula) or other solid food in the past 48 hours |
|  | **partial payment** means a part payment for a module where services have been provided in the first or last part of the module, and where the payment rules for the relevant service specification have been met |
|  | **postnatal care** means the services provided in the period from two hours after the birth of the placenta until 42 days following the date of birth |
| **pregnancy and parenting education** means an antenatal course provided to a group of women as described in the relevant service specification issued by the Ministry of Health | **pregnancy and parenting education** means education provided to a group of expectant parents as described in the relevant service specification issued by the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications/maternity-service-specifications) |
| **primary health organisation (PHO)** means a provider contracted by a DHB for the provision of primary health services |  |
|  | **pregnancy loss event** means a spontaneous miscarriage before 20 weeks 0 days gestation |
| **primary health services** means the services specified in the service specifications for essential primary health care services available from the Ministry of Health | primary health services means the services specified in the service specifications for essential primary health care services available from the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications) website |
| **professional review process** means participation in a process that is recognised by the practitioner’s relevant professional council or medical college, as providing an assessment of the practitioner’s practice and outcomes, including the level of consumer satisfaction | **professional review process** means participation in a process that is recognised by the practitioner’s relevant college, as providing an assessment of the practitioner’s practice and outcomes, including consumer experience |
| **radiologist** means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of diagnostic and interventional radiology and holds an annual practising certificate | **radiologist** means a health practitioner who is registered with the Medical Council of New Zealand (established by the Health Practitioners Competence Assurance Act 2003) in the vocational scope of radiology and holds an annual practising certificate |
|  | **records** means the evidence kept in writing or in some other permanent form, including hard copy documentation and information held in hard drives or in cloud-based applications |
| **Referral Guidelines** means the Guidelines for Consultation with Obstetric and Related Specialist Medical Services that identify clinical reasons for consultation with a specialist and that are published by the Ministry of Health from time to time | **Referral Guidelines** means the *Guidelines for Consultation with Obstetric and Related Specialist Medical Services* that identify clinical reasons for consultation with a specialist, and that are published by the [Ministry of Health](https://www.health.govt.nz/publication/guidelines-consultation-obstetric-and-related-medical-services-referral-guidelines) from time to time |
| **registration** is the process by which a woman selects her LMC, the documentation recording this selection, and the forwarding of this information to HealthPAC. By registering with an LMC the woman is also registering with the maternity provider with which the LMC is affiliated | **registration** is the process by which a woman selects the LMC who intends to provide continuity of care throughout the pregnancy, labour and birth, and postpartum, the documentation recording this selection, and the sending of this information to the Ministry of Health |
|  | **rural** is a statistical geography concept in the [StatsNZ](https://www.stats.govt.nz/methods/urban-accessibility-methodology-and-classification) urban accessibility (UA) classification |
| **rural travel** means the fees payable to maternity providers that provide services following birth to women who are resident in the areas listed in Schedule 2 | **rural practice and travel supplements** are the modules available for claiming by LMCs for the provision of care to women who are not able to easily access services due to distance, in particular but not limited to, women living in rural areas |
|  | **safety check** is a product of the legislative requirement in New Zealand under the Children’s Act 2014 for all children’s workers to have passed an appropriate check of their suitability to work with children |
| **scope of practice** has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003 | **scope of practice** has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003 |
| **secondary maternity** –(a) means the services specified in the service specification for secondary maternity services available from the Ministry of Health; and(b) includes ultrasound scans and all midwifery services for elective caesarean sections | **secondary maternity services**:(a) means the services specified in the service specification for secondary maternity services available from the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications/maternity-service-specifications); and(b) includes ultrasound scans and all midwifery services for caesarean sections |
|  | **second midwife** means the midwife with an authorisation to claim under this notice, who is present at a labour and birth to support the LMC in the provision of safe maternity care and who provides second midwife support services |
|  | **second midwife support services** means the services provided by a second midwife to either assist or replace the LMC as per clause DB22 |
| **second trimester** means the period of pregnancy from the beginning of the 15th week until the end of the 28th week of pregnancy | **second trimester** means the period of pregnancy from 14 weeks 0 days of completed pregnancy until 27 weeks 6 days of completed pregnancy |
| **services following birth** means the services provided in the period from two hours after the delivery of the placenta until six weeks after the birth |  |
| **specialist** means a practitioner who is an, obstetrician, paediatrician, or radiologist | **specialist** means a practitioner who is an obstetrician or radiologist |
| **specialist medical maternity services** means the non-LMC services provided by obstetricians, paediatricians and radiologists to support primary maternity care as described in Subpart DC | **specialist medical maternity services** means the maternity services provided by obstetricians, paediatricians and radiologists through the DHB provider arm to support the primary maternity care provided by the LMC |
| **specialist neonatal services** means the specialist services for neonates who are born with additional needs or develop additional needs prior to discharge as described in the service specification for specialist neonatal inpatient and home care services available from the Ministry of Health | **specialist neonatal services** means the specialist services for neonates who are born with additional needs, or develop additional needs prior to discharge, as described in the service specification for specialist neonatal in-patient and home care services available from the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications) |
| **stillbirth** means a birth where the baby shows no signs of life | **stillbirth** means the birth of a fetus showing no signs of life at 20 weeks gestation or beyond, or weighing at least 400g if gestation is unknown |
| **subsequent birth** means that a woman has previously experienced a birth (excluding a vaginal birth after caesarean section) | **subsequent birth** means that a woman has previously experienced a birth |
|  | **termination of pregnancy** means a procedure to end a pregnancy, either medically or surgically |
| **subsequent consultation** means a consultation with an obstetrician for consulting obstetrician services, as per clause DC12 or a paediatrician for consulting paediatrician services, as per clause DC14, where there has been a previous primary maternity service provided to the same woman by the same specialist involving the same medical problem or involving a medical problem that was detected at the time of any previous maternity service provided by the same specialist |  |
| **tertiary maternity** means the services specified in the service specification for tertiary maternity services available from the Ministry of Health and includes ultrasound scans | **tertiary maternity services** means the services specified in the service specification for tertiary maternity services available from the [Ministry of Health](https://nsfl.health.govt.nz/service-specifications/current-service-specifications/maternity-service-specifications) and includes ultrasound scans |
| **third trimester** means the period of pregnancy from the beginning of the 29th week of pregnancy until established labour | **third trimester** means the period of pregnancy from 28 weeks 0 days until onset of established labour (or birth if this is a planned caesarean section or a caesarean section where no labour occurs) |
|  | **transfer of clinical responsibility** means clinical responsibility for decisions about the care of the woman and/or the baby has transferred to another practitioner, or the secondary/tertiary maternity service, taking into account the needs and wishes of the woman |
|  | **urban accessibility (UA) classification** distinguishes rural Statistical Area 1s and small urban areas based on their degree of accessibility to facilities and services in major, large, or medium urban areas |
| **usual place of residence** means the place where the woman usually resides | **usual place of residence** means the place where the woman usually resides |
| **vaginal birth after caesarean section (VBAC)** means a vaginal birth for a woman who has had a previous birth by caesarean section and who has not had a previous vaginal birth | **vaginal birth after caesarean section (VBAC)** means a labour and birth (resulting in either a vaginal birth or an unplanned caesarean section) for a woman who has had a previous birth by caesarean section, whether or not she has also had previous vaginal births |
| **well child provider** means a health care provider who provides health services for families, babies and children as described in the Well Child Tamariki Ora National Schedule | **Well Child provider** means a health care provider who provides primary health services for families, babies and children as described in the [Well Child Tamariki Ora National Schedule](https://www.health.govt.nz/publication/well-child-tamariki-ora-national-schedule-2013) |
| **working day** means a day of the week other than –(a) a Saturday, a Sunday, Waitangi Day, Good Friday, Easter Monday, Anzac Day, the Sovereign’s Birthday, and Labour Day; and(b) the day observed in the appropriate area as the anniversary of the province of which the area forms a part; and(c) a day in the period commencing with 25 December in a year and ending with 2 January in the following year; and(d) if 1 January falls on a Friday, the following Monday; and(e) if 1 January falls on a Saturday or a Sunday, the following Monday and Tuesday. | **working day** means a day of the week other than:(a) a Saturday, a Sunday, Waitangi Day, Good Friday, Easter Monday, Anzac Day, the Sovereign’s Birthday and Labour Day; and(b) the day observed in an area as the anniversary of the province of which the area forms a part; and(c) a day in the period commencing with 25 December in a year and ending with 2 January in the following year; and(d) if 1 January falls on a Friday, the following Monday; and(e) if 1 January falls on a Saturday or a Sunday, the following Monday and Tuesday. |

## Appendix 3: Instructions for looking up UA classifications

* + - * 1. Open the StatsNZ urban accessibility Datafinder tool: <https://datafinder.stats.govt.nz/layer/105155-urban-accessibility-indicator-2021-generalised/>
				2. Click on the yellow + sign to add the layer to the map.



* + - * 1. Go to “Find address or place” (top left on the map pane).



* + - * 1. Type in the address for which you want to find an urban accessibility code, eg, 148 Kings Road, Leithfield, 7481.



* + - * 1. Left click on the map close to the orange placemark and the UAC information will show up in a pop-up box.

UAC code: 223, Urban Accessibility Classification: Low urban accessibility



## Appendix 4: Additional care supplement criteria

|  | **Criteria description** | **Weighting** | **Notes** |
| --- | --- | --- | --- |
| **Antenatal** |  |  |  |
| 1 | Ethnicity: Māori | Moderate | The LMC may claim one ethnicity fee per woman |
| 2 | Ethnicity: Pacific | Moderate |
| 3 | Ethnicity: Indian | Moderate |
| 4 | Age under 20 years at registration | Moderate |  |
| 5 | Current refugee status | Moderate |  |
| 6 | Received 2 or more visits in 1st trimester (excluding FARCP and pregnancy loss services) | Moderate |  |
| 7 | Received 5 visits in 2nd trimester (excluding FARCP and acute/after-hours call outs) | Moderate |  |
| 8 | Received 6 or more visits in 2nd trimester (excluding FARCP and acute/after-hours call outs) | High | Payment for antenatal criterion 8 replaces payment for antenatal criterion 7 |
| 9 | Received 10 visits in 3rd trimester (excluding FARCP and acute/after-hours call outs) | Moderate |  |
| 10 | Received 11 or more visits in 3rd trimester (excluding FARCP and acute/after-hours call outs) | High | Payment for antenatal criterion 10 replaces payment for antenatal criterion 9 |
| 11 | Received 2 or more visits of 60 minutes or more duration (excluding FARCP) in the antenatal period | High |  |
| 12 | Received 1 acute/after-hours visits or assessments | Moderate |  |
| 13 | Received 2 or more acute/after-hours visits or assessments | High | Payment for antenatal criterion 13 replaces payment for antenatal criterion 12 |
| 14 | LMC attendance at 1 or more multi-disciplinary meetings during the antenatal period | Moderate |  |
| 15 | Received 2 or more home visits during the antenatal period | High |  |
| 16 | Condition meeting the “Emergency” definition under the Referral Guidelines (LMC has continued to provide care) | Moderate |  |
| 17 | Condition meeting the “Consultation” definition under the Referral Guidelines (LMC has continued to provide care) | Low |  |
| 18 | Condition meeting the “Transfer of clinical responsibility” definition under the Referral Guidelines (LMC has continued to provide care) | Moderate | LMC can only claim payment for antenatal criterion 18 or antenatal criterion 17 |
| **Labour and birth** |
| 1 | Ethnicity: Māori | Moderate | The LMC may claim one ethnicity fee per woman |
| 2 | Ethnicity: Pacific | Moderate |
| 3 | Ethnicity: Indian | Moderate |
| 4 | Age under 20 years at registration | Moderate |  |
| 5 | Current refugee status | Moderate |  |
| 6 | Language challenges/use of interpreter services | Moderate |  |
| 7 | Received more than 1 visit in early labour | Moderate |  |
| 8 | Condition meeting the “Emergency” definition under the Referral Guidelines (LMC has continued to provide care) | High |  |
| **Postnatal** |  |  |  |
| 1 | Mother or baby ethnicity: Māori | Moderate | The LMC may claim one ethnicity fee per woman and baby |
| 2 | Mother or baby ethnicity: Pacific | Moderate |
| 3 | Mother or baby ethnicity: Indian | Moderate |
| 4 | Age under 20 years at registration | Moderate |  |
| 5 | Current refugee status | Moderate |  |
| 6 | Received 1 acute/after-hours visit or assessment | Moderate |  |
| 7 | Received 2 or more acute/after-hours visits or assessments | High | Payment for postnatal criterion 7 replaces payment for postnatal criterion 6 |
| 8 | Multiple neonates | High |  |
| 9 | Received 11 visits in the postnatal period (excluding FARCP) | High |  |
| 10 | Received 12 or more visits in the postnatal period (excluding FARCP) | Maximum | Payment for postnatal criterion 10 replaces payment for postnatal criterion 9 |
| 11 | Received 2 or more visits of 75 minutes or more duration (excluding FARCP) in the postnatal period | Moderate |  |
| 12 | LMC attendance at 1 or more multi-disciplinary meetings | Moderate |  |
| 13 | Condition meeting the “Emergency” definition under the Referral Guidelines (LMC has continued to provide care) | Moderate |  |
| 14 | Condition meeting the “Consultation” definition under the Referral Guidelines (LMC has continued to provide care) | Moderate |  |
| 15 | Condition meeting the “Transfer of clinical responsibility” definition under the Referral Guidelines (LMC has continued to provide care) | Moderate | LMC can only claim payment for postnatal criterion 15 or postnatal criterion 14 |

#### Definitions and interpretations of terms used in the ACS criteria

|  |  |
| --- | --- |
| **Acute call-out** | Acute call-out means an unscheduled in-person attendance for an urgent or acute issue. |
| **After hours** | After hours call-out means an unscheduled, after normal working hours, in-person attendance for an urgent or acute issue. |
| **“Consultation” category** | The LMC must recommend to the woman (or parent(s) in the case of the baby) that a consultation with a specialist is warranted given that her pregnancy, labour, birth or puerperium (or the baby) is or may be affected by the condition. |
| **Early labour visit** | An early labour visit is the episodic care provided to a woman in early labour before they require continuous attendance.\ |
| **“Emergency” category** | An emergency necessitates the immediate transfer of clinical responsibility to the most appropriate practitioner available. In such circumstances the clinical roles and responsibilities are dictated by the immediate needs of the mother and/or baby and the skills and capabilities of practitioners available including those involved in providing emergency transport if it is required. The LMC is likely to have an ongoing role throughout the emergency, with the nature of that role depending on the other practitioners present. |
| **FARCP** | *First assessment, registration and care planning* module. |
| **Interpreter services** | During the dynamic labour and birth process, where English is not the woman’s first language, formal interpreter services may be necessary. |
| **Multi-disciplinary meeting** | This term refers to any meeting that the LMC attends with the woman, on behalf of the woman, or in their own capacity as the woman’s maternity care provider. Examples include attendance at a consultation appointment with a specialist; attendance at a family group conference; attendance at an Oranga Tamariki or Ministry of Social Development meeting. |
| **Pregnancy loss** | A pregnancy loss event means a spontaneous miscarriage before 20 weeks 0 days gestation. |
| **Refugee status** | Individuals with refugee status are eligible for publicly funded health services in Aotearoa New Zealand. Excerpt from the Health and Disability Services Eligibility Direction 2011 (page 6):A person is eligible to receive services funded under the Act if the person is –* recognised as a refugee under the Immigration Act 2009; or
* in the process of having a claim for recognition as a refugee determined by a refugee and protection officer; or
* in the process of having an appeal for recognition as a refugee determined by the Immigration and Protection Tribunal.
 |
| **“Transfer of clinical responsibility” category** | The LMC must recommend to the woman (or parent(s) in the case of the baby) that the responsibility for her care be transferred to a specialist given that her pregnancy, labour, birth or puerperium (or the baby) is or may be affected by the condition. The decision regarding ongoing clinical roles/responsibilities must involve three-way conversation between the specialist, the LMC and the woman. The specialist will assume ongoing clinical responsibility and the role of the LMC from that point on will be agreed between those involved. |

## Appendix 5: Transfer support hub and spoke model

The Primary Maternity Services Notice 2021 describes the *Transfer support* module as:

DB18 Service specification: Transfer support

(1) The practitioner must provide the following services as required to a woman or her baby:

 (a) accompany the woman or baby in an air or road ambulance from their home or elsewhere in the community, or a primary maternity facility to a secondary or tertiary maternity facility.

DB19 Payment rules: Transfer support

(1) A practitioner may claim a maximum of one *Transfer support* module per woman or baby per day.

(2) This module is claimable for air or road ambulance transfers that occur as a result of the woman requiring urgent care during pregnancy, labour and birth, and/or postpartum.

(3) This module is claimable for air or road ambulance transfers that occur as a result of a neonate requiring urgent care after birth.

(4) In order to be eligible to claim this module, the practitioner must accompany the woman or baby in the air or road ambulance, as the purpose of this payment is to contribute to the cost of the practitioner returning to their home or vehicle.

(5) The level of payment for return travel will depend on the transfer starting point. The fee structure is available on the Ministry of Health website and is predicated on the StatsNZ urban area (UA) classification.

This document provides further information to support understanding of clause DB19.

There are four levels of fee payable for the *Transfer support* module. The amount of payment you receive depends on your transfer start point and your transfer end point. The Ministry of Health has developed a spoke and hub model to differentiate between the four levels of payment.

* Spokes include primary maternity facilities, secondary maternity facilities, and residential addresses.
* Hubs include secondary maternity facilities and tertiary maternity facilities.

#### Ministry of Health Transfer Support Codes(based on StatsNZ urban accessibility (UA) classifications)

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Less than 30 minutes travel time | (high/medium UA) | $50.00 |
| 2 | 30–60 minutes travel time | (low UA) | $150.00 |
| 3 | 60–120 minutes travel time | (remote UA) | $300.00 |
| 4 | More than 120 minutes travel time | (very remote UA) | $400.00 |

#### Spokes and hubs

| **Spoke** | **Hub** | **Code** |
| --- | --- | --- |
| **Lower South Island** |
| Charlotte Jean Maternity HospitalAlexandra | Queen Mary HospitalDunedin | 4 |
| Clutha Health First HospitalBalclutha | Queen Mary HospitalDunedin | 3 |
| Gore HospitalGore | Southland HospitalInvercargill | 2 |
| Lakes District HospitalQueenstown | Queen Mary HospitalDunedin | 4 |
| Lumsden Maternity CentreLumsden | Southland HospitalInvercargill | 3 |
| Oamaru Hospital Maternity CentreOamaru | Queen Mary HospitalDunedin | 3 |
| Winton Maternity & Health CentreWinton | Southland HospitalInvercargill | 1 |
| Southland HospitalInvercargill | Queen Mary HospitalDunedin | 4 |
| **Central South Island** |
| Ashburton HospitalAshburton | Christchurch HospitalChristchurch | 3 |
| Darfield HospitalDarfield | Christchurch HospitalChristchurch | 2 |
| Greymouth Base HospitalGreymouth | Christchurch HospitalChristchurch | 4 |
| Kaikoura HealthKaikoura | Christchurch HospitalChristchurch | 4 |
| Kawatiri Birthing UnitWestport | Greymouth Base HospitalGreymouth | 3 |
| Lincoln Maternity HospitalLincoln | Christchurch HospitalChristchurch | 1 |
| Rangiora Health HubRangiora | Christchurch HospitalChristchurch | 1 |
| St George’s HospitalChristchurch | Christchurch HospitalChristchurch | 1 |
| Timaru HospitalTimaru | Christchurch HospitalChristchurch | 4 |
| Waikari HospitalWaikari | Christchurch HospitalChristchurch | 3 |
| **Upper South Island – Lower North Island** |
| Waioha Maternity UnitHastings | Hawke’s Bay HospitalHastings | 0 |
| Dannevirke Rural Community HospitalDannevirke | Palmerston North HospitalPalmerston North | 2 |
| Golden Bay Community HospitalTakaka | Nelson HospitalNelson | 3 |
| Hawke’s Bay HospitalHastings | Wellington HospitalWellington | 4 |
| Horowhenua Health CentreLevin | Palmerston North HospitalPalmerston North | 2 |
| Hutt Valley HospitalLower Hutt | Wellington HospitalWellington | 1 |
| Kenepuru Maternity UnitPorirua | Wellington HospitalWellington | 2 |
| Motueka Maternity UnitMotueka | Nelson HospitalNelson | 2 |
| Nelson HospitalNelson | Wellington HospitalWellington | 4 |
| Otaihape Health CentreTaihape | Whanganui HospitalWhanganui | 3 |
| Paraparaumu Maternity UnitParaparaumu | Wellington HospitalWellington | 2 |
| Palmerston North HospitalPalmerston North | Wellington HospitalWellington | 4 |
| Te Papaioea Birthing CentrePalmerston North | Palmerston North HospitalPalmerston North | 1 |
| Wairarapa HospitalMasterton | Hutt Valley HospitalLower Hutt | 3 |
| Waimarino HealthRaetahi | Whanganui HospitalWhanganui | 3 |
| Wairau HospitalBlenheim | Wellington HospitalWellington | 4 |
| Wairoa Hospital and Health CentreWairoa | Hawke’s Bay HospitalHastings | 3 |
| Whanganui HospitalWhanganui | Wellington HospitalWellington | 4 |
| Whanganui HospitalWhanganui | Palmerston North HospitalPalmerston North | 2 |
| **Central North Island** |
| Bethlehem Birthing CentreTauranga | Tauranga HospitalTauranga | 1 |
| Birth Care HuntlyHuntly | Waikato HospitalHamilton | 2 |
| Gisborne HospitalGisborne | Waikato HospitalHamilton | 4 |
| Hawera HospitalHawera | Taranaki Base HospitalNew Plymouth | 3 |
| Murupara Birthing CentreMurupara | Rotorua HospitalRotorua | 2 |
| Murupara Birthing CentreMurupara | Whakatane HospitalWhakatane | 3 |
| Opotiki Community Health CentreOpotiki | Whakatane HospitalWhakatane | 2 |
| Pohlen MaternityMatamata | Waikato HospitalHamilton | 2 |
| River Ridge East Birth CentreHamilton | Waikato HospitalHamilton | 1 |
| Rotorua HospitalRotorua | Waikato HospitalHamilton | 3 |
| Taranaki Base HospitalNew Plymouth | Waikato HospitalHamilton | 4 |
| Taumarunui HospitalTaumarunui | Waikato HospitalHamilton | 4 |
| Taupo Maternity UnitTaupo | Rotorua HospitalRotorua | 3 |
| Tauranga HospitalTauranga | Waikato HospitalHamilton | 4 |
| Te Awamutu BirthingTe Awamutu | Waikato HospitalHamilton | 1 |
| Te Puia SpringsTe Puia Springs | Gisborne HospitalGisborne | 3 |
| Thames HospitalThames | Waikato HospitalHamilton | 3 |
| Tokoroa HospitalTokoroa | Waikato HospitalHamilton | 3 |
| Waihi Hospital Maternity AnnexeWaihi | Waikato HospitalHamilton | 3 |
| Waihi Hospital Maternity AnnexeWaihi | Tauranga HospitalTauranga | 2 |
| Waterford Birth CentreHamilton | Waikato HospitalHamilton | 1 |
| Whakatane HospitalWhakatane | Waikato HospitalHamilton | 4 |
| **Upper North Island** |
| Bay of Islands HospitalKawakawa | Whangarei HospitalWhangarei | 2 |
| Birthcare AucklandAuckland | National Women’s HospitalAuckland | 1 |
| Botany Downs Primary Birthing UnitAuckland | Middlemore HospitalAuckland | 1 |
| Helensville Birthing CentreHelensville | Waitakere HospitalAuckland | 2 |
| Kaitaia HospitalKaitaia | Whangarei HospitalWhangarei | 4 |
| Papakura Birthing UnitAuckland | Middlemore HospitalAuckland | 1 |
| Pukekohe Birthing UnitAuckland | Middlemore HospitalAuckland | 2 |
| Nga Hau Birthing CentreAuckland | Middlemore HospitalAuckland | 1 |
| North Shore HospitalAuckland | National Women’s HospitalAuckland | 1 |
| Waitakere HospitalAuckland | National Women’s HospitalAuckland | 1 |
| Warkworth Birthing CentreWarkworth | North Shore HospitalAuckland | 2 |
| Wellsford Birthing CentreWellsford | North Shore HospitalAuckland | 3 |
| Whangarei HospitalWhangarei | National Women’s HospitalAuckland | 4 |

## Appendix 6: Practice and claiming scenarios

Huia

Huia is a 28-year-old wahine who is pregnant for the first time, and lives in an urban area. She is well, with no significant health history. Huia lives close to her lead maternity care midwife and her local hospital and plans a homebirth. This wahine and her partner are both Māori.

Huia registers with her chosen midwife LMC at 8 weeks gestation. The LMC receives a *First assessment, registration and care planning* fee. Huia spends most of her second trimester staying with whānau in a different region of Aotearoa New Zealand, and registers with another LMC for care during this time. This second LMC receives a *First assessment, registration and care planning* fee. When Huia returns home for the remainder of her pregnancy, she re-registers with her original LMC. The LMC processes the re- registration but does not receive a second *First assessment, registration and care planning* fee.

Huia has one visit other than the “booking” visit in the first trimester and so her LMC receives a *First Trimester Care* fee, alongside the *First assessment, registration and care planning* fee. Had Huia not been seen again after the *First assessment, registration and care planning* consultation during the first trimester, the LMC would not be eligible for the *First Trimester Care* fee.

When she is 18 weeks gestation, Huia moves from the South to the North Island to care for her unwell grandmother. Huia returns to the South Island when she is 30 weeks gestation. Her LMC in the South Island receives the first partial *Second trimester care* fee and her LMC in the North Island receives the full *Second trimester care* fee.

Because Huia has returned to the care of her South Island LMC prior to 36 weeks gestation and goes on to have her baby after 36 weeks gestation, her LMC receives the full *Third trimester care* fee.

When Huia moved to the North Island in her second trimester, she temporarily resided in a rural area and her new LMC arranged for Huia’s NHI address to be updated for this period of time. The area has an UA classification of ‘low urban accessibility’. The new LMC providing her care during this time received the *Second trimester rural practice and travel supplement* as she submitted a valid *Second trimester care* claim.

Huia’s South Island LMC receives travel payments associated with Huia’s South Island address, which is located in an urban area. Because this LMC has submitted a valid first partial *Second trimester care* claim she will receive the first partial *Second trimester rural practice and travel supplement* fee which is applicable for a ‘major, large, or medium urban area’.

The midwife providing Huia’s postnatal care is able to make a claim for the *Postnatal ACS* because Huia identifies as Māori. The payment associated with this criterion is determined by its weighting (low, moderate or high). The *Postnatal ACS* fee payable will be the total of the value of each criterion the woman’s care circumstances meet, up to the maximum amount for this supplement. If Huia had required 12 or more postnatal visits, this criterion would default to the maximum payment for the *Postnatal ACS.*

Helena

Helena has a history of a vaginal birth for her first baby, then a planned caesarean section for her second baby which was breech. Now pregnant with her third baby, Helena is planning a vaginal birth at her local hospital. At 39 weeks Helena labours spontaneously and progresses to a vaginal birth at 07.07am on Tuesday after 3 hours of active labour. Helena’s LMC midwife claims the *Labour and birth – VBAC* fee.

Helena has an in-patient postnatal stay and is discharged home at 11.00am on Wednesday. Helena’s LMC midwife must visit her at home before the end of the day on Thursday.

When her baby is 3 weeks old Helena takes her children to visit family in another town for the school holidays. Helena’s LMC arranges a midwife in this town to provide postnatal care for her while the family is away. The LMC may either come to a private arrangement with the midwife to disburse payment for any postnatal visits undertaken over the period while Helena was away and claims the full *Postnatal care* fee. Alternatively, there may have been a change in registration for that time period. In this case, the original LMC will receive the *Postnatal care* fee. The new LMC will receive the *First assessment, registration and care planning* and the *Postnatal care – last partial*.

Toni

Toni lives in an area designated as low urban accessibility. She is pregnant for the second time and plans to have her baby at the local primary facility with her local LMC midwife. At 36 weeks Toni develops obstetric cholestasis and she travels to the secondary facility two hours away for in-patient monitoring and a subsequent induction of labour at 38 weeks. Toni has a vaginal birth and comes back to her home when her baby is 48 hours old. Toni’s LMC has not travelled to the secondary facility to provide labour care but has remained the LMC throughout and provides Toni’s postnatal care.

Toni’s LMC can claim the *Missed birth – rural* fee because there was an unexpected change in Toni’s clinical circumstances in the third trimester. Toni’s LMC also claims the *Third trimester* fee and the *Postnatal care* fee. The LMC will also be eligible for the relevant *RPaTS* and if Toni meets the criteria for the *Antenatal ACS*, the *Labour and birth ACS* or the *Postnatal ACS*, these modules will be paid too.

Suzi and Alex

Scenario 1

Suzi is the LMC for Maia who is having her first baby. Suzi has been in attendance at Maia’s labour for a number of hours continuously, including overnight. Suzi is getting tired and to ensure ongoing clinical safety she calls in her colleague Alex to assist during the second stage. Alex stays on to help in the third stage and then she sends Suzi home. Suzi claims the *Labour and birth* fee and Alex claims the *Second midwife support services* fee.

Scenario 2

Suzi is also the LMC for Kali who is having her third baby. Kali is in labour and Suzi has just admitted her to the birthing suite in active labour when Suzi gets a call from her son’s school. Her son has broken his arm and Suzi needs to go to him. She calls her colleague Alex to come in to attend Kali. Suzi transfers clinical responsibility for Kali to Alex and leaves the birth. Suzi claims the *Labour and birth* fee and Alex claims the *Second midwife support services* fee.

Scenario 3

Alex is the LMC for Tess and for Miri. Tess is G2P1, 39 weeks pregnant and planning a home birth when she goes into labour; Miri is G5 P2, 41 weeks pregnant and planning a hospital birth when she goes into labour at the same time as Tess. Alex is only able to provide labour and birth care to one person at a time, so she calls her back-up LMC Suzi to provide labour and birth care to Miri while she attends to Tess. Alex calls another colleague to be the second midwife at Tess’s home birth. Alex claims the *Labour and birth* fee for Tess. The colleague who attended Tess’s home birth claims the *Second midwife support services* fee. Alex also claims the *Labour and birth* fee for Miri indicating that her back-up attended the birth. Because of their practice arrangement, Alex disburses this *Labour and birth* fee to Suzi.