Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines)

Transcript of the webinar for health practitioners

Te Kāwanatanga o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

Contents

Introduction

This document is a verbatim transcript of the webinar for health practitioners on the clinical guideline, Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines).

Transcript

1
00:00:12,720 --> 00:00:13,440
Tēnā koutou,

2
00:00:13,440 --> 00:00:14,880
My name is Rachael McConnell

3
00:00:14,880 --> 00:00:17,000
and I'm a specialist O & G

4
00:00:17,000 --> 00:00:18,760
working in a tertiary centre

5
00:00:18,760 --> 00:00:20,160
in Dunedin hospital, here in New Zealand.

6
00:00:21,240 --> 00:00:24,600
I have a really strong belief
in excellent maternity care,

7
00:00:24,600 --> 00:00:26,040
excellent obstetric practice,

8
00:00:26,040 --> 00:00:29,600
which is holistic and takes account
of the patient sitting in front of me.

9
00:00:30,160 --> 00:00:33,640
I had the privilege of bearing two sons
in New Zealand under our maternity care

10
00:00:33,640 --> 00:00:38,160
system with a wonderful LMC
midwife who looked after me.

11
00:00:38,160 --> 00:00:41,040
I also had engagement

with obstetric services

12
00:00:41,040 --> 00:00:44,240
and I strongly believe that the best care
is delivered

13
00:00:44,640 --> 00:00:50,280
by a professional, seemingly seamless team
and with co-operative mutual respect

14
00:00:50,280 --> 00:00:53,200
and excellence,
excellent evidence-based care.

15
00:00:54,120 --> 00:00:57,000
Tēnā koutou ko Claire MacDonald tōku ingoa,

16
00:00:57,000 --> 00:00:59,040
he tangata Tiriti ahau.

17
00:00:59,040 --> 00:01:00,400
I'm a Midwifery Advisor

18
00:01:00,400 --> 00:01:03,320
at Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa

19
00:01:03,320 --> 00:01:05,360
the New Zealand College of Midwives

20
00:01:05,840 --> 00:01:08,400
and I was one of the College's
two representatives

21
00:01:08,400 --> 00:01:11,800
on the steering group
for the updated Referral Guidelines.

22
00:01:12,120 --> 00:01:15,000
I have a clinical background

working in community practice

23
00:01:15,000 --> 00:01:17,680
for almost decade as an LMC midwife,

24
00:01:18,000 --> 00:01:21,120
and I was very familiar with the Referral
Guidelines during that process,

25
00:01:21,120 --> 00:01:24,520
including providing quite
a lot of feedback back in 2012

26
00:01:24,520 --> 00:01:27,000
when the previous
iteration came around.

27
00:01:27,360 --> 00:01:30,400
So it's been a privilege
and a pleasure to work on this update.

28
00:01:30,400 --> 00:01:34,440
I also have worked as an employed
midwife in a large tertiary hospital.

29
00:01:35,920 --> 00:01:36,760
Kia ora koutou katoa.

30
00:01:36,760 --> 00:01:39,400
Ko wai au, ko Katarina Komene tōku ingoa,

31
00:01:39,400 --> 00:01:41,160
Nō Te Tai Tokerau ahau

32
00:01:41,160 --> 00:01:42,840
ko Kahupōkai ahau.

33
00:01:42,840 --> 00:01:44,800
I'm Katarina,

34
00:01:44,800 --> 00:01:46,840
I'm a midwife and I

35
00:01:47,880 --> 00:01:51,280
have predominantly worked as a community LMC

36
00:01:51,280 --> 00:01:54,240
looking after whānau in the Tāmaki Makaurau area.

37
00:01:54,640 --> 00:01:57,720
I've also worked in the private
birthing centre, I've worked in

38
00:01:58,080 --> 00:02:00,840
DHB as a programme manager,
Māori Child Health

39
00:02:01,320 --> 00:02:04,840
and my last role, clinical role was
in Te Manawa o Hine,

40
00:02:04,840 --> 00:02:10,440
which is a Māori midwifery team
at Auckland Hospital, looking after high-risk whānau.

41
00:02:11,280 --> 00:02:13,880
I'm a current deputy chair of Ngā Maia

42
00:02:13,880 --> 00:02:18,600
and I'm also a midwifery
reviewer, and a MFYP mentor.

43
00:02:18,600 --> 00:02:21,120
Most importantly
on a mum of two grown-up

44
00:02:21,120 --> 00:02:23,480
tamariki and seven

beautiful mokopuna.

45
00:02:23,480 --> 00:02:26,680
Kia ora koutou, so this webinar is here to inform

46
00:02:26,680 --> 00:02:29,440
health practitioners involved
in the care of whānau

47
00:02:29,440 --> 00:02:31,920
as to the changes in the Referral Guidelines.

48
00:02:32,360 --> 00:02:35,120
This is extra information
to view alongside

49
00:02:35,120 --> 00:02:39,160
reading the Guidelines
and discussing it with your colleagues.

50
00:02:39,160 --> 00:02:43,600
Watch this to inform you it's not to
replace reading the Referral Guidelines.

51
00:02:43,800 --> 00:02:47,160
It's just there to assist you
in using the Referral Guidelines.

52
00:02:48,440 --> 00:02:49,960
The structure of today's webinar

53
00:02:49,960 --> 00:02:53,400
is to update you
primarily on the changes

54
00:02:53,400 --> 00:02:57,720
from the 2012 iteration
of the maternity Referral Guidelines.

55

00:02:58,120 --> 00:03:01,800
So the webinar will cover the way in
which care is offered to whānau,

56
00:03:02,520 --> 00:03:06,560
offering choice, careful choice of language

57
00:03:06,560 --> 00:03:10,680
and how we recommend
to women and whānau.

58
00:03:10,680 --> 00:03:15,560
The process maps have had an update
and a change and also specific

59
00:03:15,560 --> 00:03:18,680
conditions and categories and codes.

60
00:03:19,120 --> 00:03:22,560
There's a lot that remains unchanged,
but this is an opportunity for us all

61
00:03:22,560 --> 00:03:28,120
to take stock and refresh ourselves
on the importance of these maternity

62
00:03:28,120 --> 00:03:31,000
Referral Guidelines
to practice here in New Zealand.

63
00:03:39,360 --> 00:03:41,680
Welcome to the section of our webinar,

64
00:03:41,680 --> 00:03:45,000
which refers to the way
in which we use these Referral Guidelines

65
00:03:45,000 --> 00:03:49,000
to keep the whānau that we care for
at the centre of all conversations.

66
00:03:49,440 --> 00:03:52,160
And in doing this,
we're ensuring that our whānau

67
00:03:52,160 --> 00:03:55,840
receive the best possible care
to get the best possible outcomes.

68
00:03:57,160 --> 00:03:58,000
At their heart,

69
00:03:58,000 --> 00:04:01,280
the Referral Guidelines
are about supporting collaborative care

70
00:04:01,640 --> 00:04:03,720
when there is a clinical indication

71
00:04:03,720 --> 00:04:06,880
for a woman, person
or whānau to have a conversation

72
00:04:06,880 --> 00:04:09,680
with more than their primary care provider.

73
00:04:09,960 --> 00:04:13,960
So that could be a GP, a lactation consultant,

74
00:04:13,960 --> 00:04:18,560
a kaupapa Māori provider, an obstetrician
or another medical specialist.

75
00:04:19,240 --> 00:04:21,920
The Referral Guidelines
support practitioners

76
00:04:21,920 --> 00:04:26,000
to provide collaborative

and consistent holistic care

77
00:04:26,000 --> 00:04:28,160
whatever the woman's needs might be.

78
00:04:29,080 --> 00:04:32,560
It indicates when a conversation
with someone other than the LMC

79
00:04:32,560 --> 00:04:36,600
or the primary maternity care
provider is required to be offered,

80
00:04:36,600 --> 00:04:40,240
and that supports rights
when receiving a health service

81
00:04:41,040 --> 00:04:45,920
and it provides clarity about the
expectations, the need for documentation

82
00:04:46,200 --> 00:04:49,200
and the pathways
that support us within our practice.

83
00:04:50,800 --> 00:04:54,360
It's really important, therefore,
that ongoing roles and responsibilities

84
00:04:54,360 --> 00:04:57,600
are clarified and discussed,
and it may be that it

85
00:04:57,600 --> 00:05:02,160
after a condition resolves, transfer
can be made back to primary services.

86
00:05:03,280 --> 00:05:08,240
Informed decision making
by nature requires a timely referral

87
00:05:08,520 --> 00:05:11,400
because it relies on the
services being available

88
00:05:11,400 --> 00:05:13,400
and time to give the information

89
00:05:13,400 --> 00:05:16,640
to the woman, person and
whānau at the centre of care

90
00:05:16,640 --> 00:05:20,960
so they didn't have time to process
that information and make decisions

91
00:05:20,960 --> 00:05:23,760
before any potential intervention
actually needs to occur.

92
00:05:24,640 --> 00:05:27,880
It's the responsibility
of secondary services

93
00:05:28,160 --> 00:05:31,320
or specialist services
to triage referrals for consultation,

94
00:05:31,720 --> 00:05:33,520
and sometimes that will result in

95
00:05:33,520 --> 00:05:37,480
an in-person appointment,
possibly just a communication between

96
00:05:38,000 --> 00:05:41,160
specialist services
and a LMC carer in the community.

97

00:05:41,560 --> 00:05:44,600
Every now and again
a referral may be declined.

98
00:05:45,440 --> 00:05:47,520
And when that happens, in general

99
00:05:47,520 --> 00:05:51,480
advice will be given or
an indication of when to re-refer.

100
00:05:51,760 --> 00:05:54,840
However, if an LMC feels that a consultation

101
00:05:54,840 --> 00:05:58,440
is still warranted,
then perhaps add some more information

102
00:05:58,440 --> 00:06:01,720
or make contact with that department
to have a further discussion.

103
00:06:02,280 --> 00:06:04,240
Again, emphasising the importance

104
00:06:04,240 --> 00:06:06,840
of careful communications at all times

105
00:06:06,840 --> 00:06:09,240
between parties caring in the pregnancy.

106
00:06:10,080 --> 00:06:13,480
We just want to talk now
about the 3-way conversation

107
00:06:13,480 --> 00:06:16,440
or the consultation process
and collaboration

108

00:06:16,840 --> 00:06:19,720
with the obstetrician
or whoever you're referring to.

109
00:06:20,120 --> 00:06:24,760
And this is about how does your whānau
want you to be involved in that process.

110
00:06:25,000 --> 00:06:27,840
It may be that
they would like you to be there in person,

111
00:06:27,840 --> 00:06:31,000
and in an ideal world
you may be able to be there.

112
00:06:31,320 --> 00:06:35,040
But recognising
also that LMCs are very busy

113
00:06:35,040 --> 00:06:37,080
and there'll be times
where you can't be there.

114
00:06:37,440 --> 00:06:40,160
So sometimes
it's a matter of the obstetrician

115
00:06:40,160 --> 00:06:42,360
picking up the phone to involve you,

116
00:06:42,360 --> 00:06:47,360
sometimes it's having that conversation
with you later on when you are available.

117
00:06:47,640 --> 00:06:52,000
But the key thing is here
is making sure that the timeliness

118
00:06:52,000 --> 00:06:55,680

of the information and communication
from the obstetrician

119
00:06:55,680 --> 00:06:59,040
or the consultant is done
in a really timely matter

120
00:06:59,800 --> 00:07:03,240
and that it's the whānau
who drives this process and what it is

121
00:07:03,240 --> 00:07:06,920
that they want through
this consultation process.

122
00:07:07,160 --> 00:07:11,040
Yeah so you know,
help us and specialist services

123
00:07:11,040 --> 00:07:15,960
to help you as whānau and as LMC
care providers in the community.

124
00:07:16,800 --> 00:07:19,560
Give us good documentation
on how to contact you:

125
00:07:19,920 --> 00:07:22,080
we need a cell phone that we can pick up

126
00:07:22,600 --> 00:07:25,520
and not have to hunt through lists
that are on the other ward;

127
00:07:26,160 --> 00:07:28,080
give us an email address;

128
00:07:28,080 --> 00:07:31,240
let us know that you'd like to attend,
but the appointment doesn't suit

129
00:07:31,240 --> 00:07:35,360
and we will do our utmost to get
you involved in a 3 way conversation

130
00:07:35,360 --> 00:07:39,560
because we believe it's very important
for the care of whānau and woman.

131
00:07:41,280 --> 00:07:42,040
You know,

132
00:07:42,080 --> 00:07:45,080
specialist services won't always take
responsibility

133
00:07:46,160 --> 00:07:48,280
of care after a consultation.

134
00:07:48,280 --> 00:07:50,200
Sometimes that may result in a transfer

135
00:07:50,200 --> 00:07:54,040
and that needs to be really clearly
explicitly discussed and documented

136
00:07:54,040 --> 00:07:56,160
and so if that discussion can't take place

137
00:07:56,160 --> 00:07:59,800
at that moment in a 3-way
discussion that needs to be documented,

138
00:07:59,800 --> 00:08:01,560
and sometimes that will involve

139
00:08:02,040 --> 00:08:05,600
the need for a timely communication
by phone or by email

140
00:08:06,360 --> 00:08:09,680
and there may be occasions
even where video conferencing for

141
00:08:09,680 --> 00:08:12,880
the consultation is completely and utterly

142
00:08:15,000 --> 00:08:15,720
suitable

143
00:08:15,720 --> 00:08:19,680
and we as specialist services
should empower

144
00:08:20,400 --> 00:08:26,440
whānau and patients to to have remote
consultations if it's appropriate.

145
00:08:26,440 --> 00:08:31,960
So the key messages here is that
it's about the whānau care, making the care

146
00:08:31,960 --> 00:08:34,800
Whānau-centred and
how they want this to go

147
00:08:34,800 --> 00:08:39,240
in collaboration with you in a partnership
and our true partnership model

148
00:08:39,560 --> 00:08:44,800
between ourselves as LMCs,
the whānau and our consultant colleagues.

149
00:08:53,600 --> 00:08:55,200
Referral categories are

150
00:08:55,200 --> 00:08:56,080

Primary,

151
00:08:56,080 --> 00:08:57,080
Consult,

152
00:08:57,360 --> 00:08:58,160
Transfer

153
00:08:58,160 --> 00:09:00,200
and Emergency.

154
00:09:01,320 --> 00:09:06,040
In addition to the categories of referral,
there is a process map for

155
00:09:06,040 --> 00:09:09,400
these four categories
and emergency transport.

156
00:09:09,400 --> 00:09:12,360
and when a woman or whānau declines care.

157
00:09:13,080 --> 00:09:15,680
The six process maps act as a continuum

158
00:09:15,680 --> 00:09:18,720
and they’re integral to the
usefulness of the guideline.

159
00:09:18,720 --> 00:09:23,360
It might be natural to go straight
for the table of criteria for referral,

160
00:09:23,360 --> 00:09:27,800
but we do encourage you to really
familiarise yourself with these process maps,

161
00:09:27,800 --> 00:09:31,480
because they support the nuance

of the referral process.

162
00:09:32,120 --> 00:09:35,960
Each of the process
maps has text which explains the detail

163
00:09:35,960 --> 00:09:41,840
including responsibilities and the context,
and also a flowchart for ease of use.

164
00:09:42,560 --> 00:09:47,960
Please note that a consult can result
in a transfer of clinical responsibility,

165
00:09:47,960 --> 00:09:52,440
and this needs to be explicitly discussed
between the carers and the pregnancy,

166
00:09:52,720 --> 00:09:56,400
including the woman
in a 3-way conversation

167
00:09:56,400 --> 00:10:01,080
and documented so that everyone understands
ongoing roles and responsibilities.

168
00:10:01,200 --> 00:10:06,120
Reasons for a consult to end
in a transfer of clinical responsibility

169
00:10:06,120 --> 00:10:08,720
might be due to the severity of condition

170
00:10:09,120 --> 00:10:11,520
or multiplicity of conditions

171
00:10:11,840 --> 00:10:14,160
and so this needs
to be explicitly discussed.

172
00:10:15,120 --> 00:10:18,360
This is a new aspect of the consultation
pathway of the guideline,

173
00:10:18,360 --> 00:10:21,240
the recognition that there
can be multiple conditions

174
00:10:21,240 --> 00:10:24,920
which fit into a consultation
level referral category.

175
00:10:25,520 --> 00:10:30,160
So the LMC or referrer or
the obstetrician may identify that, in fact,

176
00:10:30,160 --> 00:10:34,120
because of a number of
consultation level referral conditions,

177
00:10:34,120 --> 00:10:36,920
that care has become
complex to an extent that

178
00:10:36,920 --> 00:10:39,400
it would be most reasonable
for an obstetrician

179
00:10:39,400 --> 00:10:41,960
to take over clinical responsibility
for the care

180
00:10:41,960 --> 00:10:43,920
so it becomes a transfer.

181
00:10:43,920 --> 00:10:48,240
That is a collaborative discussion
together with the woman, person, whānau

182

00:10:48,240 --> 00:10:52,320
and is not something
that has a defining threshold.

183
00:10:52,320 --> 00:10:56,960
So, it's about not only those three parties
to the discussion,

184
00:10:57,200 --> 00:10:59,880
but also, of course
local service availability,

185
00:11:00,840 --> 00:11:05,080
considerations of health equity
and the woman or person’s preferences.

186
00:11:05,520 --> 00:11:08,240
The process maps have been updated and improved

187
00:11:08,240 --> 00:11:12,960
to recognise and reflect the complexity of maternity care,

188
00:11:12,960 --> 00:11:15,840
the importance of very careful documentation

189
00:11:15,840 --> 00:11:18,560
and sometimes the need to go back and revisit decisions

190
00:11:18,560 --> 00:11:20,840
with a woman, person or their whānau.

191
00:11:22,200 --> 00:11:24,040
We'd like to now give you an indication

192
00:11:24,040 --> 00:11:27,960
of some of the key changes and things
to pay attention in the process maps;

193
00:11:27,960 --> 00:11:31,280

however, we'll leave it to you
to go and have a look at the detail

194
00:11:31,280 --> 00:11:33,120
of the text and the flow charts.

195
00:11:33,680 --> 00:11:35,400
So for those of you
who are already familiar

196
00:11:35,400 --> 00:11:38,280
with the existing Referral Guidelines,
there's been no change

197
00:11:38,560 --> 00:11:41,160
to the definitions of referral.

198
00:11:41,560 --> 00:11:43,240
However, some additional practitioners

199
00:11:43,240 --> 00:11:46,240
have been added into
the primary referral pathway.

200
00:11:46,240 --> 00:11:48,640
So this is where the LMC
or referrer discusses

201
00:11:48,640 --> 00:11:51,280
with the woman, person
or parents (in the case of a baby)

202
00:11:51,280 --> 00:11:53,640
that a consultation may be warranted

203
00:11:53,640 --> 00:11:57,920
with a GP midwife
or newly added nurse practitioner,

204

00:11:58,280 --> 00:12:01,240
allied health provider
or kaupapa Māori provider.

205
00:12:02,000 --> 00:12:05,120
The care and that situation
does not change in terms

206
00:12:05,120 --> 00:12:07,920
of clinical responsibility from the LMC.

207
00:12:08,360 --> 00:12:09,960
They maintain the care.

208
00:12:10,200 --> 00:12:11,880
In a consultation,

209
00:12:11,880 --> 00:12:17,160
the LMC must recommend that a consultation
with a specialist is warranted.

210
00:12:17,480 --> 00:12:21,000
In those circumstances,
there will be cases

211
00:12:21,000 --> 00:12:26,280
where a consultation will result
in a transfer of clinical responsibility.

212
00:12:26,280 --> 00:12:27,160
This is new.

213
00:12:27,160 --> 00:12:31,000
It's very important that the teams
involved in a maternity care

214
00:12:31,000 --> 00:12:34,440
take time to consider
carefully this change.

215
00:12:35,360 --> 00:12:38,200
Documentation and clarification

216
00:12:38,200 --> 00:12:42,880
and discussion about ongoing roles
and responsibilities is critically important.

217
00:12:43,640 --> 00:12:46,440
So, in most circumstances,
with a consultation level referral,

218
00:12:46,440 --> 00:12:48,800
the LMC would maintain care

219
00:12:49,160 --> 00:12:52,800
and it just may be (and this is what
this pathway acknowledges)

220
00:12:52,800 --> 00:12:55,440
that because of a
number of different conditions,

221
00:12:55,440 --> 00:12:58,120
the woman's pregnancy
has become really complex

222
00:12:58,120 --> 00:13:00,400
and it would be best with the obstetrician

223
00:13:00,400 --> 00:13:03,600
having the transfer of clinical responsibility.

224
00:13:04,120 --> 00:13:07,000
In these circumstances,
the LMC midwife

225
00:13:07,000 --> 00:13:10,720
either remains involved
in care and that's discussed and negotiated

226
00:13:10,720 --> 00:13:14,000
or hands the care over
into the secondary service

227
00:13:14,000 --> 00:13:15,880
for the midwifery team there.

228
00:13:16,240 --> 00:13:19,720
That decision also is based
on local service availability

229
00:13:20,120 --> 00:13:23,200
and other aspects,
so it is a comprehensive

230
00:13:23,200 --> 00:13:25,840
discussion that needs to occur
until agreement is reached.

231
00:13:26,640 --> 00:13:28,840
There are minor amendments
for the process map

232
00:13:28,840 --> 00:13:31,240
for transfer of clinical responsibility.

233
00:13:32,000 --> 00:13:34,200
The definition for that referral category

234
00:13:34,400 --> 00:13:38,160
is that the LMC must recommend
to the woman, person or whānau

235
00:13:38,400 --> 00:13:43,760
that a transfer of clinical responsibility
because of this condition is warranted.

236
00:13:44,440 --> 00:13:48,240

The LMC again may choose to remain
involved with the care

237
00:13:48,480 --> 00:13:52,080
in discussion with the whānau,
or may hand that care

238
00:13:52,080 --> 00:13:53,880
into the secondary service.

239
00:13:55,080 --> 00:13:58,720
So really important
that those those decisions are clarified

240
00:13:59,160 --> 00:14:02,400
and it may well be that a transfer
of clinical responsibility

241
00:14:02,400 --> 00:14:05,160
will end in a transfer
back to primary care services.

242
00:14:06,400 --> 00:14:10,680
There are two process maps
that address emergency situations.

243
00:14:10,960 --> 00:14:14,080
One is care and transfer
of clinical responsibility

244
00:14:14,080 --> 00:14:15,600
in the event of emergency,

245
00:14:15,600 --> 00:14:18,160
and the other is emergency transport.

246
00:14:18,840 --> 00:14:21,560
As with the previous versions
of the Referral Guidelines,

247
00:14:21,560 --> 00:14:24,080
immediate care must be provided

248
00:14:24,080 --> 00:14:26,520
by the most appropriate person available,

249
00:14:26,920 --> 00:14:31,520
and it's essential that support is summoned
from those other providers

250
00:14:31,520 --> 00:14:35,480
who may be required in this situation
as quickly as possible.

251
00:14:35,800 --> 00:14:39,920
So, within a hospital setting
that may be medical personnel,

252
00:14:40,160 --> 00:14:43,440
other employed midwives. Within a primary setting

253
00:14:43,440 --> 00:14:46,320
that may be emergency services
for transport.

254
00:14:47,480 --> 00:14:49,680
It's important
for you to familiarise yourself

255
00:14:49,680 --> 00:14:51,720
with your local environment
and to be really

256
00:14:51,720 --> 00:14:54,200
familiar with local protocols

257
00:14:54,200 --> 00:14:56,360
because these will differ
around the country.

258
00:14:57,400 --> 00:15:00,600
An important change to these process
maps is a recognition

259
00:15:00,600 --> 00:15:05,040
of culturally safe opportunities
for debrief after an emergency.

260
00:15:05,040 --> 00:15:08,320
And of course, that recognises
that in an emergency,

261
00:15:08,600 --> 00:15:11,760
sometimes there's not an opportunity
for a full discussion

262
00:15:12,000 --> 00:15:14,680
so it's essential
that people have an opportunity

263
00:15:14,840 --> 00:15:17,160
to talk through
what happened after the event.

264
00:15:17,600 --> 00:15:21,240
Likewise, with documentation,
contemporaneous documentation

265
00:15:21,240 --> 00:15:23,080
is really important;

266
00:15:23,080 --> 00:15:24,640
however, we also recognise that

267
00:15:24,640 --> 00:15:27,000
there may be a place
for retrospective documentation

268

00:15:27,000 --> 00:15:30,120
about what occurred
in the moment during an emergency.

269
00:15:37,560 --> 00:15:40,320
The final process map
is a really important one,

270
00:15:40,320 --> 00:15:44,320
particularly for midwives providing
continuity of care in the community.

271
00:15:45,000 --> 00:15:48,960
It's called the woman or person declines
a referral, consultation,

272
00:15:48,960 --> 00:15:53,000
transfer of clinical responsibility
for care or emergency treatment

273
00:15:53,000 --> 00:15:54,760
or emergency transport.

274
00:15:54,760 --> 00:15:57,600
Now that title encompasses
a lot of things, but it may result

275
00:15:57,600 --> 00:16:02,040
in a midwife working outside her
scope of practice in order to maintain

276
00:16:02,040 --> 00:16:06,960
the wishes and the informed decision-making of the whānau at the centre of care.

277
00:16:07,680 --> 00:16:11,000
This process map
supports midwifery practice

278
00:16:11,200 --> 00:16:15,960
and keeps midwives and whānau safe

in the decisions that they make.

279
00:16:16,240 --> 00:16:19,080
And I really encourage you to go
and have a look at this.

280
00:16:19,360 --> 00:16:23,120
It is one of the process maps that we use
frequently within the College of Midwives

281
00:16:23,120 --> 00:16:24,480
when we get advice calls.

282
00:16:25,440 --> 00:16:28,640
The change in this
process map is that we've added a flow chart

283
00:16:28,800 --> 00:16:33,520
so previously there was only text, now
there's text detail and also a flow chart.

284
00:16:34,200 --> 00:16:36,680
Some of the key aspects of this pathway

285
00:16:37,160 --> 00:16:41,480
are when someone makes
a decision not to accept a referral.

286
00:16:41,480 --> 00:16:44,160
For example, in the case
of a homebirth

287
00:16:44,160 --> 00:16:47,720
following a previous caesarean section. There's multiple different examples

288
00:16:47,960 --> 00:16:48,960
but let's take that one.

289
00:16:49,200 --> 00:16:51,440

Ensure that the appropriate

290
00:16:51,440 --> 00:16:53,280
conversations have already been had,

291
00:16:53,280 --> 00:16:56,240
(which of course they will have
in that's a circumstance)

292
00:16:56,240 --> 00:16:59,280
and then the new part
to this pathway is to clarify

293
00:16:59,280 --> 00:17:04,520
when the woman, person or whānau
want to potentially revisit that discussion.

294
00:17:05,840 --> 00:17:10,720
It's important to explain to that whānau
the recommendations for care

295
00:17:11,200 --> 00:17:16,120
and if a midwife has left in a situation
where that referral has been declined

296
00:17:16,120 --> 00:17:18,320
but she feels she actually
does need to ensure

297
00:17:18,320 --> 00:17:21,520
that the information from an obstetrician
or another midwife has been shared,

298
00:17:21,960 --> 00:17:24,680
then it's okay for the midwife
to have that discussion

299
00:17:24,680 --> 00:17:28,080
with specialist services in order
to support the information provision

300
00:17:28,400 --> 00:17:31,520
that she's giving with that whānau.

301
00:17:32,200 --> 00:17:37,080
So, in summary, the section of the webinar
is about making sure that we're ensuring

302
00:17:37,080 --> 00:17:40,840
that we keep whānau at the centre
of all the referrals that we do

303
00:17:41,040 --> 00:17:43,680
and at the centre of all the
conversations that we have.

304
00:17:44,160 --> 00:17:47,880
So within the updated 2023
Referral Guidelines,

305
00:17:48,240 --> 00:17:52,200
we are been given indication
of where we must refer.

306
00:17:52,600 --> 00:17:56,360
But in addition to that,
you might look at what other care providers

307
00:17:56,360 --> 00:18:00,040
there are out there that you could add
to that in conjunction with the whānau

308
00:18:00,040 --> 00:18:04,920
and whatever it is that they are looking
for in terms of your service or referrals.

309
00:18:05,320 --> 00:18:09,240
For example, if a whānau
has gestational diabetes mellitus,

310
00:18:09,560 --> 00:18:13,720
you might look at using
a kaupapa Māori care provider

311
00:18:14,080 --> 00:18:16,040
who might be able to
offer some rongoā Māori

312
00:18:16,040 --> 00:18:20,480
that can be used to reduce a
woman's gestational diabetes mellitus.

313
00:18:21,120 --> 00:18:24,880
You may also look at using a referral
through to a GP

314
00:18:24,880 --> 00:18:28,720
or a nurse specialist
or another allied health provider.

315
00:18:29,120 --> 00:18:33,320
So really it's just about having that
conversation, looking at more holistic care

316
00:18:33,320 --> 00:18:36,280
rather than just one pathway
that we might normally use

317
00:18:36,600 --> 00:18:40,200
in conjunction with the whānau
and what it is they're looking for

318
00:18:40,200 --> 00:18:43,800
bearing in mind also that we all work
in different areas of the country

319
00:18:44,080 --> 00:18:48,240
and tailoring the referral
through dependent on the area

320
00:18:48,240 --> 00:18:52,000
that we live in
and what services are available.

321
00:19:00,000 --> 00:19:03,200
Welcome to this section on the
specific changes to the conditions

322
00:19:03,200 --> 00:19:06,880
and referral categories
within the Referral Guidelines.

323
00:19:07,440 --> 00:19:10,920
These categories are medical conditions
and the Guideline does acknowledge

324
00:19:10,920 --> 00:19:12,720
that social determinants of health

325
00:19:12,720 --> 00:19:15,720
have a significant impact
on health and health outcomes;

326
00:19:16,080 --> 00:19:19,720
however, it wasn't within the scope
of this Guideline to cover those things.

327
00:19:21,480 --> 00:19:23,040
A lot remains unchanged

328
00:19:23,040 --> 00:19:26,800
in these categories for referral
and the conditions for referral;

329
00:19:27,040 --> 00:19:30,720
however, there are some new additions
and there are some minor changes

330
00:19:30,720 --> 00:19:34,080

to the levels of referral that are
recommended for some of the conditions.

331
00:19:34,800 --> 00:19:38,640
This reflects the midwifery scope
of practice, emerging evidence

332
00:19:38,880 --> 00:19:43,600
and also some of the changes to
other recent maternity guideline updates.

333
00:19:43,880 --> 00:19:47,600
We have aimed to get alignment across
the suite of national maternity guidelines.

334
00:19:48,200 --> 00:19:51,920
The conditions within the table
are broadly chronological, so there are

335
00:19:51,960 --> 00:19:56,920
sections for previous pregnancy history,
previous medical history,

336
00:19:56,920 --> 00:20:01,280
pregnancy, labour and birth,
postpartum and newborn health.

337
00:20:02,080 --> 00:20:03,680
Within those sections

338
00:20:03,680 --> 00:20:05,520
they are divided into the types

339
00:20:05,520 --> 00:20:08,040
of conditions they are, for example, cardiac

340
00:20:08,040 --> 00:20:09,920
or gastrointestinal.

341

00:20:10,680 --> 00:20:13,000
These conditions are listed alphabetically

342
00:20:13,000 --> 00:20:15,760
and alongside those are the numerical codes.

343
00:20:17,160 --> 00:20:19,800
So in this section of the webinar,
we just want to highlight

344
00:20:19,840 --> 00:20:23,360
that there are some new
maternal conditions and baby conditions

345
00:20:23,640 --> 00:20:27,200
and some changes to the terminology
of existing conditions,

346
00:20:27,480 --> 00:20:29,760
as well as changes to the codes.

347
00:20:29,760 --> 00:20:32,400
So it's really important
that you make yourself familiar

348
00:20:32,400 --> 00:20:34,120
with all of those changes.

349
00:20:34,120 --> 00:20:36,240
For example, maternal conditions,

350
00:20:36,440 --> 00:20:39,800
a new condition,
of course, is active COVID infection.

351
00:20:40,040 --> 00:20:42,640
It's really important
that a referral is done for that.

352

00:20:43,080 --> 00:20:46,840
In terms of timing, for example,
multiple pregnancies

353
00:20:47,160 --> 00:20:51,080
or previous spontaneous pre-term labour,
there's been some changes

354
00:20:51,080 --> 00:20:53,840
to the timing in which we should refer.

355
00:20:53,840 --> 00:20:55,400
In terms of baby conditions

356
00:20:55,400 --> 00:20:58,240
for example, a new condition is sepsis,

357
00:20:58,240 --> 00:21:00,520
which now requires a referral.

358
00:21:00,520 --> 00:21:02,280
In terms of timing

359
00:21:02,280 --> 00:21:04,480
if a baby hasn't passed urine

360
00:21:04,480 --> 00:21:09,280
instead of being 36 hours
now the timing difference is 24 hours.

361
00:21:09,280 --> 00:21:12,040
So that's really important
within this part of the Guideline

362
00:21:12,040 --> 00:21:15,760
that you're making yourself
aware of the timing of referrals

363
00:21:15,760 --> 00:21:18,080

and timing is critical

364
00:21:18,760 --> 00:21:21,040
to have the best outcomes for our whānau.

365
00:21:21,360 --> 00:21:25,680
For example, if there's a multiple
pregnancy, say a twin pregnancy,

366
00:21:25,680 --> 00:21:29,400
that we're referring in a timely manner
so that we can pick up for example,

367
00:21:29,400 --> 00:21:30,880
twin to twin transfusion.

368
00:21:30,880 --> 00:21:34,000
So as you can see,
there have been some critical changes

369
00:21:34,000 --> 00:21:37,880
which can make a real difference
to the outcomes of pregnancy

370
00:21:37,920 --> 00:21:39,640
and for those babies.

371
00:21:39,640 --> 00:21:43,080
So make yourself familiar
with all of those changes and please

372
00:21:43,080 --> 00:21:47,720
don't rely on your memory of old codes
because some of the codes have changed

373
00:21:47,920 --> 00:21:51,560
and there are new codes for new maternal
and baby conditions.

374

00:21:51,800 --> 00:21:54,600
So really just want to reiterate,
have a good read

375
00:21:54,840 --> 00:21:57,800
of these conditions and make yourself
really familiar with them

376
00:21:58,000 --> 00:22:00,880
so that you're well aware of
when you need to refer.

377
00:22:01,280 --> 00:22:02,240
Kia ora.

378
00:22:09,800 --> 00:22:12,000
Thank you for taking the time
to watch this webinar today.

379
00:22:12,760 --> 00:22:17,960
Don't forget to go to the Guidelines
March 2023 on the Te Whatu Ora website

380
00:22:17,960 --> 00:22:21,480
and refresh yourselves by reading
the Guideline from top to bottom.

381
00:22:22,080 --> 00:22:22,560
Thank you.

382
00:22:23,520 --> 00:22:24,480
And just want to thank the

383
00:22:24,480 --> 00:22:26,200
Steering Group members who

384
00:22:26,760 --> 00:22:28,320
who were involved in updating

385

00:22:28,320 --> 00:22:30,240
of this Guideline over several months.

386
00:22:30,600 --> 00:22:32,160
The process for the update involved

387
00:22:32,160 --> 00:22:33,920
a wide variety of practitioners

388
00:22:34,600 --> 00:22:35,760
who are involved in delivering

389
00:22:35,760 --> 00:22:37,680
maternity care, including midwives,

390
00:22:37,680 --> 00:22:39,840
obstetricians, neonatologists,

391
00:22:39,840 --> 00:22:41,680
and it was endorsed by key

392
00:22:41,680 --> 00:22:43,400
professional colleges and networks,

393
00:22:43,400 --> 00:22:44,880
which you can see here.

394
00:22:46,440 --> 00:22:50,560
The Referral Guidelines have been intended
to be useful in your daily practice,

395
00:22:50,560 --> 00:22:54,640
so please discuss them with your colleagues
and your midwifery practices.

396
00:22:55,240 --> 00:22:59,400
Part of that is the process maps
and these provide very useful

397
00:22:59,400 --> 00:23:04,320
step-through pathways to ensure consistency
of care and understanding of roles.

398
00:23:04,840 --> 00:23:08,240
The referral categories
have also been updated and they’re detailed,

399
00:23:08,240 --> 00:23:10,840
so please go and have a look
and refer to those

400
00:23:10,840 --> 00:23:14,640
whenever any medical complexity
comes up for someone in your care.

401
00:23:15,040 --> 00:23:19,120
The IT systems have also been updated
and that means that all of the codes

402
00:23:19,120 --> 00:23:21,200
and the referral categories will be correct

403
00:23:21,200 --> 00:23:25,240
in those community-based practice management
systems and hospital systems.

404
00:23:25,840 --> 00:23:30,160
So, we'd like to thank you at this point
for taking the time to watch this webinar,

405
00:23:30,560 --> 00:23:34,200
and we leave you to familiarise yourself
with the new Referral Guidelines.

406
00:23:34,560 --> 00:23:35,560
Ka kite.