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

Transcript of the webinar for health practitioners

Transcrpt

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# 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.