
WELLINGTON: WEDNESDAY 30 JUNE 2021— NOTICE NO. 2021-go2473

PRIMARY MATERNITY SERVICES

NOTICE PURSUANT TO SECTION 88 OF
THE NEW ZEALAND PUBLIC HEALTH
AND DISABILITY ACT 2000

THIS NOTICE IS ISSUED BY THE CROWN AND IS EFFECTIVE FROM
29 NOVEMBER 2021

Primary Maternity Services Notice 2021

Pursuant to section 88 of the New Zealand Public Health and Disability Act 2000, the Crown issues the following notice.

1 Title

- (1) This notice is the Primary Maternity Services Notice 2021.
- (2) This notice is referred to as the 'principal notice'.

2 Commencement

- (1) This notice comes into force on 29 November 2021.
- (2) This notice revokes and replaces in its entirety the Maternity Services Notice (the previous notice) that came into effect on 1 July 2007 (published as a Supplement to the *New Zealand Gazette*, 12 April 2007, No. 41, page 1025) and the amendments to the previous notice that came into force on:
 - (a) 1 October 2012 (published in the *New Zealand Gazette*, 27 September 2012, No. 120, page 3419)
 - (b) 1 March 2016 (published in the *New Zealand Gazette*, 11 February 2016, 2016-go660)
 - (c) 1 May 2017 (published in the *New Zealand Gazette*, 27 April 2017, 2017-go1973)
 - (d) 4 August 2017 (published in the *New Zealand Gazette*, 3 August 2017, 2017-go3941)
 - (e) 1 July 2018 (published in the *New Zealand Gazette*, 28 June 2018, 2018-go3087)
 - (f) 1 July 2019 (published in the *New Zealand Gazette*, 27 June 2019, 2019-go2897)
 - (g) 1 July 2020 (published in the *New Zealand Gazette*, 29 June 2020, 2020-go2803)
 - (h) 1 October 2020 (published in the *New Zealand Gazette*, 28 September 2020, 2020-go4478).

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Part A: **Information about this service specification**

A1 Title

This notice is the Primary Maternity Services Notice 2021.

A2 Commencement

This notice comes into force on 29 November 2021.

Purpose and objectives

A3 Purpose of this notice

The purpose of this notice is to set out the terms and conditions on which the Crown will make a payment to a maternity provider for providing primary maternity services.

Defined in this notice: maternity provider, primary maternity services

A4 Objectives of primary maternity services

(1) The objectives of primary maternity services are to:

- (a) give each woman, her partner, and her whānau or family every opportunity to have a fulfilling outcome to the woman's pregnancy and childbirth by facilitating the provision of primary maternity services that are safe, informed by evidence, and based on partnership, information, and choice; and
- (b) recognise that pregnancy and childbirth are a normal life-stage for most women; and
- (c) provide the woman with continuity of care through her Lead Maternity Carer (LMC), who is responsible for assessing her needs, planning her care with her, and the care of her baby; and
- (d) facilitate the provision of appropriate additional care for those women and babies who need it.

Defined in this notice: continuity of care, LMC, primary maternity services

Overview of this notice

A5 Revocation and transitional provisions

- (1) This notice revokes and replaces the previous notice.
- (2) The transitional provisions for revoking and replacing the previous notice are set out in this clause.
- (3) On and after the implementation date, this notice applies to persons who are eligible for primary maternity services (whether or not those persons are part way through a module under the previous notice immediately before the implementation date).
- (4) If, immediately before the implementation date, a person who is eligible for primary maternity services is part way through a module under the previous notice, the person will continue to receive care, but it will be for the remainder of the corresponding module in this notice.
- (5) If, before the implementation date, a claim is made, or may be made, in accordance with the previous notice, the previous notice continues to apply to that claim.
- (6) Despite subclause (5), no claim for services provided before the implementation date will be paid if the claim is received after 29 November 2022.
- (7) If, on or after the implementation date, the care of a person who is eligible for primary maternity services is completed under this notice, but the care of that person was started under the previous notice, the terms of this notice will apply to a claim for the care that has been provided for the relevant partially completed module.
- (8) The terms of the previous notice will continue to apply to any claims paid or services provided under the previous notice. The audit provisions of clause CB2, and any right of variation, termination, set off or recovery available under the previous notice will be enforceable after the implementation date of this notice, as if that previous notice had not been revoked. Any set off or recovery available under the previous notice may be actioned as if the set off or recovery was due to the Ministry of Health under this notice.
- (9) An authorisation that was granted to an individual practitioner under the previous notice and that is in effect immediately before the implementation date is to be treated as if it were an authorisation that has been granted under clause CA1(1), and this notice applies to the authorisation.
- (10) In this clause, unless the context otherwise requires:
 - (a) **implementation date** means 29 November 2021
 - (b) **previous notice** means the Primary Maternity Services Notice (which was effective from 1 July 2007) and its amendments.

Defined in this notice: authorisation, claim, module, persons who are eligible for primary maternity services, practitioner

A6 Definitions and interpretation

- (1) The definitions and other interpretation provisions for this notice are set out in Part B.
- (2) Some key definitions include:
 - (a) **primary maternity services** (see clause B1);
 - (b) **persons who are eligible for primary maternity services** (see clause B2);
 - (c) **maternity provider** (see clause B3).

Defined in this notice: maternity provider, persons who are eligible for primary maternity services, primary maternity services

A7 General requirements for all primary maternity services

- (1) The general requirements that apply to all primary maternity services are set out in Part C.
- (2) The general requirements cover the following matters:
 - (a) authorisations (see Subpart CA);
 - (b) the general requirements for providing primary maternity services (see Subpart CB);
 - (c) claims (see Subpart CC).

Defined in this notice: authorisation, claim, primary maternity services

A8 Specific requirements for each primary maternity service (including service specifications and payment rules)

- (1) The specific requirements that apply to each primary maternity service are set out in Part D.
- (2) The specific requirements (which include service specifications and payment rules) cover each of the following primary maternity services:
 - (a) lead maternity care services (see Subpart DA);
 - (b) primary maternity single services (see Subpart DB);
 - (c) primary maternity ultrasound services (see Subpart DC).

Defined in this notice: lead maternity care, primary maternity service

A9 Fees

- (1) The fees that may be claimed under this notice are set out in Schedule 1.
- (2) The fees are exclusive of GST.

Defined in this notice: claim, GST

Process for amending or revoking the notice

A10 Process for amending or revoking the notice (excluding amendments that consist of only fee increases)

- (1) This clause applies to a proposal to do any of the following:
 - (a) make an amendment to this notice that does not consist of only an increase to a fee in Schedule 1;
 - (b) revoke this notice;
 - (c) issue a replacement notice.
- (2) If this clause applies, the Ministry of Health must notify the following organisations, in writing, of a proposal to amend, revoke or replace this notice:
 - (a) the New Zealand College of Midwives;
 - (b) the New Zealand Medical Association;
 - (c) other organisations that are recognised by the Ministry of Health as representing maternity consumers and the professional colleges of practitioners.
- (3) The Ministry of Health will send the proposal to amend, revoke or replace this notice and a proposed timeframe and process for consultation on the proposal to the organisations listed in subclause (2)(a) and (b).
- (4) The organisations listed in subclause (2)(a) and (b) will then have 10 working days to respond to the proposed timeframe for consultation. If there are no objections to the proposal the proposed timeframe for consultation will be used.
- (5) If an objection is received from any of the organisations listed in subclause (2)(a) or (b), then:
 - (a) the timeframe for consultation will be 12 weeks, starting from the date the proposal was provided to the organisations listed in subclause (2)(a) and (b); and
 - (b) the process for consultation will, to the extent practicable in the circumstances, include:
 - (i) the giving of adequate and appropriate notice within the 12-week timeframe to those organisations listed in subclause (2)(c) of the proposal to amend the notice; and
 - (ii) the provision of a reasonable opportunity for the organisations listed in subclause (2) to make submissions; and
 - (iii) adequate and appropriate consideration of those submissions.
- (6) If, after the process set out in subclauses (2) to (5) is completed, the Ministry of Health decides to proceed with amending, revoking or replacing this notice (as applicable), the Ministry of Health will give every maternity provider one month's notice of the implementation of the amendment or the revocation or the replacement (as applicable).

- (7) A failure to comply with this clause does not affect the validity of any amendment to this notice, revocation of this notice, or the issue of a replacement notice (as applicable).

Defined in this notice: maternity provider, practitioner

A11 Streamlined process for amendments consisting of only fee increases

- (1) This clause applies to a proposal to make an amendment to this notice that consists of only an increase to a fee in Schedule 1.
- (2) If this clause applies, the Ministry of Health must notify the following organisations, in writing:
- (a) the New Zealand College of Midwives;
 - (b) the New Zealand Medical Association;
 - (c) other organisations that are recognised by the Ministry of Health as representing maternity consumers and the professional colleges of practitioners.
- (3) The Ministry of Health will notify the organisations listed in subclause (2) at least four weeks before notice of the proposed fee increase is published in the *New Zealand Gazette*.
- (4) The Ministry of Health may, but does not need to, consult on a proposed increase to a fee in Schedule 1.
- (5) The Ministry of Health will give every maternity provider one months' notice of the implementation of an increase to a fee in Schedule 1.
- (6) A failure to comply with this clause does not affect the validity of any increase to a fee in Schedule 1.

Defined in this notice: maternity provider, practitioner

A12 Default transitional provisions for amendments consisting of only fee increases

- (1) This clause applies to an amendment to this notice that consists of only an increase to a fee in Schedule 1, unless the amendment expressly states otherwise.
- (2) An amendment that expressly states that this clause does not apply (whether or not the amendment also includes its own set of transitional provisions) is to be treated as if it consists of only an increase to a fee in Schedule 1, and, to avoid doubt, the streamlined process set out in clause A11 still applies to the amendment.
- (3) An amendment to which this clause applies must specify a date on which the amendment becomes effective (**implementation date**).
- (4) If the applicable date of service for a payment to a maternity provider occurs before the implementation date, the fees that applied immediately before the implementation date continue to apply.

- (5) If the applicable date of service for a payment to a maternity provider occurs on or after the implementation date, the amended fees specified in the amendment apply.
- (6) In this clause, unless the context otherwise requires:
- (a) **date of service**, in relation to a payment for a complete module fee, is the last date of the period to which the module or fee applies;
 - (b) **date of service**, in relation to a payment of a partial module fee, is either:
 - (i) for a first partial module fee claim, the date on which the woman changed LMC on the registration form, experienced a pregnancy loss event, or transferred care to DHB maternity services; or
 - (ii) for a last partial module fee claim, the last date of the period to which the module applies;
 - (c) **date of service**, in relation to a payment for a labour and birth module fee, is the date on which the service was provided to the woman.

Defined in this notice: claim, DHB, labour and birth, LMC, maternity provider, module, pregnancy loss event

Part B: Definitions and interpretation

B1 Definition of primary maternity services

- (1) In this notice, primary maternity services:
- (a) means the following services:
 - (i) lead maternity care;
 - (ii) primary maternity services provided by a practitioner who is not the registered LMC; and
 - (b) does not include any of the following:
 - (i) a negative pregnancy test;
 - (ii) a consultation by a practitioner for any other medical condition not related to pregnancy, including medical conditions exacerbated by pregnancy except where the service is included in lead maternity care;
 - (iii) a service provided more than six weeks after the birth;
 - (iv) a service provided more than two weeks after a miscarriage or termination of pregnancy;
 - (v) caesarean section;
 - (vi) dilation and curettage;
 - (vii) circumcision;
 - (viii) radiological imaging other than ultrasound;
 - (ix) any ultrasound scan not stated on the list of maternity ultrasound clinical indication codes, available from the [Ministry of Health](#);
 - (x) the following services, as defined in their respective nationwide service specifications for these, available from the [Ministry of Health](#):
 - (A) maternity services;
 - (B) primary maternity facility/primary maternity services;
 - (C) secondary and tertiary maternity services and facilities;
 - (D) specialist neonatal inpatient and home care services;
 - (xi) the product cost of any vaccines provided;
 - (xii) other services not specified in this notice.

B2 Definition of persons who are eligible for primary maternity services

- (1) In this notice, unless the context otherwise requires, **persons who are eligible for primary maternity services:**
- (a) means:
 - (i) a woman who is an eligible person;
 - (ii) a baby who is an eligible person; and

- (b) includes a woman who is not an eligible person but whose baby is an eligible person.
- (2) For the purposes of subclause (1), **eligible person** has the same meaning as the definition of **eligible people** in section 6(1) of the Act.

B3 Definition of maternity provider

In this notice, unless the context otherwise requires, **maternity provider** means an organisation, or an individual that provides primary maternity services.

B4 Definition of practitioner

In this notice, unless the context otherwise requires, **practitioner** means a general practitioner, midwife, obstetrician, radiologist or medical radiation technologist who is a maternity provider in their own right or is an employee or contractor of a maternity provider and holds a current annual practising certificate.

B5 Other definitions

In this notice, unless the context otherwise requires:

Access Agreement means the generic agreement for access to maternity facilities, available on the [Ministry of Health](#) website

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

agreed EDD means the estimated due date as agreed by the woman and the maternity provider considering all pertinent information

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 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 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 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 as Baby Friendly Aotearoa

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

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

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 provider arm means a provider of health services that is a part of a DHB or wholly owned by one or more DHBs

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 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, 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 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 trimester means the period from the LMP date until 13 weeks 6 days of pregnancy are completed

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

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

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

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

home birth planning and supplies means the payment that a practitioner may claim for a home birth

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 provided by a DHB-employed midwife where the LMC is a general practitioner or obstetrician

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

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 the birth of the placenta

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 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](#) website

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 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 Electronic Claiming: Message Standard Definition applicable to maternity providers as approved by the Ministry of Health

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

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 record of unique identification numbers allocated by the New Zealand Health Information Service

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

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

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 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 education provided to a group of expectant parents as described in the relevant service specification issued by the [Ministry of Health](#)

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](#) website

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 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

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](#) urban accessibility (UA) classification

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

secondary maternity services:

- (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 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 14 weeks 0 days of completed pregnancy until 27 weeks 6 days of completed pregnancy

specialist means a practitioner who is an obstetrician or radiologist

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 in-patient and home care services available from the [Ministry of Health](#)

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

termination of pregnancy means a procedure to end a pregnancy, either medically or surgically

tertiary maternity services means the services specified in the service specification for tertiary maternity services available from the [Ministry of Health](#) and includes ultrasound scans

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

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 primary health services for families, babies and children as described in the [Well Child Tamariki Ora National Schedule](#)

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.

B6 Meanings of terms and expressions defined in the Act

Any term or expression that is defined in the Act and used but not defined in this notice, has the same meaning as in the Act.

B7 Parts of speech and grammatical forms

Grammatical variations of a word that is defined in this notice have corresponding meanings in this notice.

B8 Numbers

Words in the singular include the plural and words in the plural include the singular.

B9 Time

- (1) A period of time described as beginning at, on or with a specified day, act or event includes that day or the day of the act or event.
- (2) A period of time described as beginning from or after a specified day, act or event does not include that day or the day of the act or event.
- (3) A period of time described as ending by, on, at or with, or as continuing to or until, a specified day, act or event includes that day or the day of the act or event.
- (4) A period of time described as ending before a specified day, act or event does not include that day or the day of the act or event.
- (5) A reference to a number of days between two events does not include the days on which the events happened.
- (6) A thing that, under this notice, must or may be done on a particular day or within a limited period of time may, if that day or the last day of that period is not a working day, be done on the next working day.

B10 Interpretational aids: List of defined terms

- (1) The list of defined terms following a clause is included in this notice only as an interpretational aid. If there is conflict between an interpretational aid and a provision of this notice, the provision prevails.
- (2) If a defined term is used in a clause and is not included in the list of defined terms following the clause, the term is nevertheless used in the clause as defined.

Part C:
General requirements for all primary maternity services

Subpart CA – Authorisations

CA1 Granting authorisation

- (1) No maternity provider may claim under this notice unless they are authorised to do so under clause CA1 or CA2. The Ministry of Health may grant an authorisation to a maternity provider if the Ministry of Health is satisfied that:
 - (a) the maternity provider has properly completed the application form; and
 - (b) any reasonable conditions that the Ministry of Health requires for granting the authorisation have been met or will be met.
- (2) Once authorised, the maternity provider may provide services in compliance with the terms and conditions of this notice. Acceptance by the maternity provider of payment constitutes acceptance by the maternity provider of these terms and conditions.
- (3) Compliance by the maternity provider with the terms and conditions may be enforced by the Ministry of Health as if the maternity provider had signed a deed under which the maternity provider has agreed to the terms and conditions (as per section 88 of the Act).

Defined in this notice: authorisation, maternity provider

CA2 Duration of authorisation

An authorisation continues in effect until it is terminated or lapses under this subpart. Any maternity provider with a current authorisation under the previous notice will be able to continue to provide services and claim payment as if they have been authorised under CA1.

Defined in this notice: authorisation, maternity provider

CA3 Withdrawal from providing primary maternity services

- (1) A maternity provider may, at any time, withdraw from providing primary maternity services under this notice by giving the Ministry of Health not less than four weeks' written notification.
- (2) Notification under subclause (1) terminates the maternity provider's authorisation and the relationship under this notice between the maternity provider and the Ministry of Health.

Defined in this notice: authorisation, maternity provider, primary maternity services

CA4 Exemptions

- (1) The Ministry of Health may exempt a maternity provider from a requirement of this notice, but only if the exemption is necessary to resolve a regional problem in relation to women's access to primary maternity services.
- (2) The exemption will be recorded in writing as if it were a variation to the authorisation of the maternity provider.

Defined in this notice: authorisation, maternity provider, primary maternity services

CA5 Termination or variation of authorisation by Ministry of Health

- (1) Subject to clause CA6, the Ministry of Health may terminate or vary an authorisation of a maternity provider if:
 - (a) the maternity provider, or a practitioner who works for the maternity provider, has not complied with that authorisation or this notice; and
 - (b) in the opinion of the Ministry of Health, it is unlikely that the maternity provider or practitioner (as applicable) will comply with that authorisation or this notice, including where the provider has demonstrated repeated failure to comply, or continues to demonstrate material non-compliance.
- (2) This clause will also apply to failure to comply with the previous notice, as per clause A5(8).

Defined in this notice: authorisation, maternity provider, practitioner

CA6 Process for terminating or varying authorisation by Ministry of Health

- (1) Before the Ministry of Health may terminate or vary an authorisation of a maternity provider under clause CA5, the Ministry of Health must:
 - (a) notify the maternity provider in writing of its intention to terminate or vary the authorisation; and
 - (b) provide written reasons for terminating the authorisation.
- (2) The maternity provider has 20 working days from receipt of the notification to:
 - (a) comply with the authorisation or this notice (as applicable); or
 - (b) satisfy the Ministry of Health that the authorisation or this notice (as applicable) will be complied with.
- (3) If, at the end of the 20-working day period, the Ministry of Health is not satisfied with the response from the maternity provider, it may give final notice of five working days of termination or variation of the authorisation.

Defined in this notice: authorisation, maternity provider, working day

CA7 Lapse of authorisation

- (1) An authorisation of a maternity provider lapses and ceases to have effect if:
- (a) the maternity provider has not made a claim under this notice for a period of 18 months; or
 - (b) the maternity provider dies; or
 - (c) the maternity provider becomes bankrupt, or goes into liquidation or receivership (as applicable); or
 - (d) the maternity provider becomes a mentally disordered person within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992 or becomes a person subject to a property order under the Protection of Personal and Property Rights Act 1988.

Defined in this notice: authorisation, claim, maternity provider

CA8 Consequences of termination or lapse of authorisation

- (1) The termination or lapse of a maternity provider's authorisation under this subpart does not affect the rights of:
- (a) the Ministry of Health in relation to that authorisation or this notice; or
 - (b) the maternity provider in relation to a claim that the maternity provider would have been entitled to make, but for the subsequent termination or lapse of the authorisation under this subpart.
- (2) Subject to subclause (1)(b), a maternity provider is not entitled to claim for primary maternity services that have been provided after the relevant authorisation has terminated or lapsed (as applicable).
- (3) The Ministry of Health will not pay any claims for primary maternity services provided by a maternity provider, or for services provided on behalf of any other claimant, after their authorisation to claim has terminated or lapsed (as applicable).
- (4) The maternity provider must notify relevant parties that their authorisation to claim has terminated or lapsed (as applicable).

Defined in this notice: authorisation, claim, maternity provider, primary maternity services

*Subpart CB – General requirements***CB1 Compliance with statutory, regulatory, legal and professional requirements**

- (1) A maternity provider must ensure that all statutory, regulatory, legal, and professional requirements that apply to primary maternity services provided by them are complied with.

- (2) For the avoidance of doubt, a practitioner who is a maternity provider or who works for a maternity provider must comply with all statutory, regulatory, legal, and professional requirements that apply to the primary maternity services provided by them, such as the requirement to maintain timely, detailed and accurate clinical records regarding all contacts with a woman and her baby/babies.
- (3) The requirements referred to in subclauses (1) and (2) include, without limitation, the following:
- (a) the requirements of the Health Practitioners Competence Assurance Act 2003;
 - (b) the regulatory requirements of the applicable responsible authority, including the Code of Conduct;
 - (c) the standards of the applicable professional college;
 - (d) guidelines or standards relating to maternity or care of the newborn, developed by the Ministry of Health in consultation with maternity and newborn providers, endorsed by the providers' professional body, and readily available;
 - (e) the requirements of the Referral Guidelines (including, safe and timely referral and transfer practices);
 - (f) the requirements of the Code of Health and Disability Services Consumers' Rights;
 - (g) the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020;
 - (h) the requirements of the Health (Retention of Health Information) Regulations 1996; and
 - (i) the requirements of the Children's Act 2014 (formerly the Vulnerable Children Act 2014).

Defined in this notice: maternity provider, practitioner, primary maternity services, records, Referral Guidelines

CB2 Audit

- (1) For the purposes of this clause, **audit** means an audit, investigation or review of:
- (a) the performance and quality of primary maternity services in accordance with this notice or the previous notice; and
 - (b) any other matter concerning compliance with any of the obligations of the maternity provider under this notice or the previous notice.
- (2) A maternity provider must provide the Ministry of Health and its authorised agents (**the auditors**) on 24 hours' notice (or immediately if the auditor reasonably suspects fraudulent claiming has occurred) with:
- (a) all records requested by the auditors related to the primary maternity services for which the maternity provider has claimed for payment under the notice (provision of records includes providing direct and immediate access to any

- digitally recorded records and any original records created by the maternity provider); and
- (b) access to the premises where primary maternity services are provided, other than a woman's or baby's home.
- (3) The auditors may make copies of records at the premises or practice location, (or request that the maternity provider makes copies); however, the cost of materials may be recovered from the Ministry of Health. If, in the auditor's opinion, it is not reasonably practicable to copy the records at the premises, the auditor may remove the relevant original records from the premises for the purposes of copying them and will return the original records to the maternity provider within 48 hours. The maternity provider may consent to copies of original records held by the Ministry of Health being either returned or destroyed at the conclusion of the audit.
- (4) In addition to clause CB2(3), the auditors may access, print or take copies of any electronically stored records, for which the maternity provider must provide all reasonable assistance and provide all necessary authorisations to allow the auditor and/or IT service provider to access, print and copy any electronic record, including, but not limited to:
- (a) provide authority to the electronic software provider for the auditors to independently access the records; and
 - (b) allow the cloning of any computer drive or access to internet data storage location where the records are stored.
- (5) For the purposes of carrying out an audit, a maternity provider must allow the auditors to interview:
- (a) any practitioners providing primary maternity services; and
 - (b) any women receiving primary maternity services.
- (6) If the audit identifies an overpayment or evidence of full or partial service non-delivery under this notice or the previous notice, the Ministry of Health may obtain a full or partial repayment of the service fee, either directly or by using its right to set-off against any payments made by the Ministry of Health to the maternity provider in accordance with clause CC7.
- (7) If any protocols have been agreed between the Ministry of Health and the New Zealand College of Midwives or the New Zealand Medical Association, the Ministry of Health will conduct audits of maternity providers in accordance with those protocols.
- (8) The Ministry of Health's right to audit under this clause continues after this notice ends but only to the extent that it is relevant to the period during which this notice was in force.

Defined in this notice: claim, maternity provider, practitioner, primary maternity services, records

CB3 Manner of providing primary maternity services

- (1) A maternity provider must ensure that primary maternity services are provided:
- (a) in a safe, timely, equitable, and efficient manner to meet the assessed needs of the person who is eligible for primary maternity services; and

- (b) in a manner which supports and promotes continuity of care; and
- (c) by sufficient numbers of suitably skilled and qualified practitioners; and
- (d) in a manner that is appropriate to the culture of the person who is eligible for primary maternity services (including their family or whānau).

Defined in this notice: maternity provider, person who is eligible for primary maternity services, practitioner, primary maternity services

CB4 Achieving Māori health outcomes and reducing Māori health inequalities

Primary maternity service provision will achieve Māori health outcomes and reduce Māori health inequalities by facilitating Māori access to maternity services, ensuring appropriate pathways through those services and ensuring that maternity services address the primary maternity needs of Māori.

Defined in this notice: primary maternity services

CB5 Practitioner to have Access Agreement

A practitioner that uses a maternity facility must have an Access Agreement for the use of that maternity facility (as applicable) and comply with the requirements of the Access Agreement.

Defined in this notice: Access Agreement, maternity facility, practitioner

CB6 Relationship to be based on informed consent

- (1) A maternity provider must ensure that the relationship between the maternity provider (including the practitioners who work for them) and a woman is based on informed choice and consent, and respects the dignity of the woman.
- (2) Where English is not a woman's first language, the maternity provider must document how information is shared, how informed choice and consent is provided; and if the maternity provider is the LMC, how the registration process was undertaken.

Defined in this notice: maternity provider, practitioner

CB7 Information about primary maternity services

- (1) A maternity provider must ensure that every person who is eligible for primary maternity services is given the appropriate information on the primary maternity services that they are entitled to receive (including their options).
- (2) In all cases a woman is entitled to an explanation of the costs of all options for maternity care.

Defined in this notice: maternity provider, person who is eligible for primary maternity services, primary maternity services

CB8 Maternity provider to advise woman on alternative maternity providers if not providing the primary maternity services

A maternity provider must advise the woman of alternative maternity providers and, if necessary, formally refer the woman to another maternity provider when they are not providing the primary maternity services themselves.

Defined in this notice: maternity provider, primary maternity services

CB9 Maternity provider to cooperate with others in order to promote safe and effective primary maternity services

A maternity provider must maintain a range of linkages with and cooperate with other maternity providers, practitioners and community agencies to promote safe and effective primary maternity services.

Defined in this notice: maternity provider, practitioner, primary maternity services

CB10 Ongoing quality improvement of primary maternity services

A maternity provider must have systems and processes for ongoing improvement of the quality of primary maternity services that they provide.

Defined in this notice: maternity provider, primary maternity services

CB11 Practitioners to participate in professional review process

- (1) A maternity provider who is a practitioner must participate in a professional review process.
- (2) A maternity provider must ensure that every practitioner who works for the maternity provider and who provides primary maternity services in that capacity participates in a professional review process.

Defined in this notice: maternity provider, practitioner, primary maternity services, professional review process

CB12 Maternity provider and their practitioners to cooperate with Perinatal and Maternal Mortality Review Committee

- (1) A maternity provider must cooperate with the Perinatal and Maternal Mortality Review Committee established under the Act.
- (2) A maternity provider must ensure that every practitioner who works for the maternity provider and who provides primary maternity services in that capacity cooperates with the Perinatal and Maternal Mortality Review Committee.

Defined in this notice: Act, maternity provider, practitioner, primary maternity services

CB13 Practitioners to include the required information on all prescriptions and referrals

- (1) All prescriptions for pharmaceuticals, referrals for laboratory tests, referrals for ultrasound scans, and referrals to specialists issued by practitioners must include the following details:
 - (a) practitioner's details:
 - (i) the practitioner's type (for example, midwife);
 - (ii) the practitioner's registration number;
 - (iii) the practitioner's name;
 - (iv) the practitioner's signature unless e-prescribing is allowed; and
 - (b) woman's or baby's details:
 - (i) name and address; and
 - (ii) NHI number.
- (2) For the full list of requirements for the information required on a prescription, see regulation 41 of the Medicines Regulations 1984.
- (3) Prescriptions for pharmaceuticals must also include the appropriate patient category (for pharmaceutical subsidy purposes) and comply with any requirements of the pharmaceutical schedule.
- (4) Referrals for laboratory tests must also include the date of referral and the name of the laboratory test or test code, as well as the relevant clinical details.
- (5) Referrals for ultrasound scans must also include the date of referral, the appropriate clinical indication from the schedule of maternity ultrasound clinical indication codes, as specified on the [Ministry of Health](#) website.
- (6) Referrals to specialists must be written in hard copy or submitted electronically, only made with the woman's informed consent and include the date of referral and the appropriate referral code, as specified in the Referral Guidelines.

Defined in this notice: NHI, practitioner, Referral Guidelines, specialist

Subpart CC – Claims

CC1 Basis for claiming under this notice

- (1) A maternity provider may claim under this notice for providing a primary maternity service, but only if:
 - (a) the maternity provider holds a current authorisation for providing the primary maternity service; and
 - (b) the primary maternity service is provided in New Zealand to a person who is eligible for the primary maternity service; and
 - (c) the primary maternity service has been provided in accordance with all the applicable requirements of this notice; and

- (d) the claim is permitted under this notice and is supported by a signed and dated registration form, except where the claim is for a primary maternity single service and the claimant is not the LMC.

Defined in this notice: authorisation, claim, maternity provider, persons who are eligible for primary maternity services, primary maternity services

CC2 No claim if claim is covered by another arrangement

- (1) A maternity provider may not claim under this notice if:
- (a) 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
 - (b) 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.
- (2) 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.

Defined in this notice: audit, claim, DHB, maternity facility, maternity provider, on-call, practitioner, primary maternity services

CC3 Claim to be properly completed

- (1) A maternity provider must ensure that every claim that the maternity provider makes is properly completed.
- (2) A maternity provider must ensure that the NHI numbers and EDD are supplied with each claim.

Defined in this notice: claim, EDD, maternity provider, NHI

CC4 Timing of claims

- (1) A maternity provider may make a claim only on completion of the primary maternity service (including the completion of a module) for which the claim is made.
- (2) A maternity provider must ensure that the Ministry of Health receives the maternity provider's claim for a primary maternity service, other than registrations, within six months of the service being completed.
- (3) The Ministry of Health will return an improperly completed claim to the maternity provider concerned within five working days, but only if the maternity provider can be identified.

Defined in this notice: claim, maternity provider, module, primary maternity services, registration, working day

CC5 Electronic claiming

- (1) A maternity provider must claim electronically by submitting a claim file to the Ministry of Health via secure electronic transmission.
- (2) The claim file must be in a format set out in the message standard definition.
- (3) The Ministry of Health may, from time to time, update the message standard definition.
- (4) A maternity provider who submits a claim file must:
 - (a) retain a copy of the claim file in a format that allows the claim to be available to the auditors of the Ministry of Health; and
 - (b) retain a record of the date the claim file was submitted, and the total amount claimed.

Defined in this notice: claim, maternity provider

CC6 Payment of claims

- (1) The Ministry of Health will pay an electronic claim within 10 working days, and manual ultrasound claims within 22 working days, from the receipt of a valid claim.
- (2) Payment will be made by way of direct credit.
- (3) If a claim has to be returned to the maternity provider for correction of claiming details and a corrected claim has been submitted by the maternity provider, the corrected claim will be paid based on the date of receipt of the corrected claim, not the date of receipt of the initial claim.
- (4) If a claim for a primary maternity service is received more than six months after the service has been completed, there will be a 10% fee deduction.
- (5) No claim for primary maternity services will be paid if the claim is received more than 12 months after the service has been completed.
- (6) Subclauses (4) and (5) apply unless, in its sole discretion, the Ministry of Health considers there were circumstances beyond the control of the maternity provider that prevented the claim being submitted any earlier.
- (7) If, in its sole discretion, the Ministry of Health approves a claim for a primary maternity service received more than 12 months after the service has been completed, there will be a 10% fee deduction.

Defined in this notice: claim, maternity provider, primary maternity services, working day

CC7 Set-off

- (1) If the Ministry of Health determines that a maternity provider has been overpaid, or that a maternity provider was not entitled to a payment, or any part of a payment under either this notice or the previous notice, the Ministry of Health may deduct any overpayment from any subsequent payment payable to that maternity provider.

- (2) Before making any deduction, the Ministry of Health will advise the maternity provider of the proposed deduction and give the maternity provider:
- (a) the reason for the deduction; and
 - (b) time to provide written reasons to request that the Ministry of Health reconsider the deduction (these written reasons must be provided by the maternity provider within 10 working days of the maternity provider being advised by the Ministry of the intent to make the deduction).
 - (c) The Ministry of Health will then consider the written reasons (if any) and decide, in its sole discretion, whether to make the deduction as planned or whether it may adjust the time frame for set off deduction, or other alternatives it may consider appropriate.

Defined in this notice: maternity provider

CC8 Reconsideration of claim

A maternity provider may, within three months from the date on which they receive advice of the outcome of a claim, request in writing that the Ministry of Health reconsider the claim. This clause CC8 does not apply to any set off under clause CC7.

Defined in this notice: claim, maternity provider

Part D:
Specific requirements for each primary maternity service
(including service specifications and payment rules)

Subpart DA – Lead maternity care services

General information about lead maternity care

DA1 Aim of lead maternity care

- (1) 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.
- (2) Lead maternity care is available to women and their newborn babies, and incorporates the woman's partner and whānau, as is appropriate for each individual woman.
- (3) Lead maternity care is the preferred publicly funded model of care for women accessing maternity care in Aotearoa New Zealand.
- (4) By promoting the health and wellbeing of women during pregnancy, lead maternity care contributes to child wellbeing.

Defined in this notice: continuity of care, labour and birth, lead maternity care

DA2 Registration

- (1) 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).
- (2) Lead maternity care is commonly provided within a collaborative shared practice model so that more than one practitioner working within a group practice may, from time to time, provide services to an eligible woman.
- (3) Registration may occur at any time from the confirmation of pregnancy until six weeks after the EDD or the date of birth whichever is later, but no claim for payment may be made for lead maternity care that is provided before the date of registration.
- (4) The woman and her LMC must properly complete a registration form in the format specified by the Ministry of Health. By signing the registration form, the LMC is indicating their intention to provide continuity of care to that woman.
- (5) 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).

- (6) Where English is not the woman's first language, information on the registration form about the services to be provided must be interpreted for the woman. This interpretation discussion must be documented in the woman's record.
- (7) The woman must be given a copy of her registration form and the LMC must retain a copy in the woman's file.
- (8) The woman may, at any time, change the LMC with whom she is registered by signing a registration form with a new LMC.
- (9) The woman may be registered with only one LMC at a time.
- (10) If a registration form needs to be resubmitted it is sufficient to have a copy of the original registration form containing the signature of the woman.
- (11) An LMC must submit the woman's registration or change of registration form to the Ministry of Health prior to submitting a claim for subsequent modules.

Defined in this notice: claim, continuity of care, EDD, group practice, lead maternity care, persons who are eligible, records, registration

DA3 Charging for lead maternity care

- (1) Lead maternity care funded under this notice provided by a midwife or general practitioner with a Diploma in Obstetrics or Diploma in Obstetrics and Medical Gynaecology is to be provided by them free of charge to persons who are eligible to receive it under this notice.
- (2) A part charge may be charged to persons who register for lead maternity care provided by an obstetrician LMC.

Defined in this notice: general practitioner, obstetrician, lead maternity care, midwife, persons who are eligible

DA4 Where lead maternity care may be provided

- (1) Lead maternity care may be provided in a range of places, including the following:
 - (a) a woman's home;
 - (b) a baby's home (if it is different from the mother's home);
 - (c) a marae;
 - (d) the lead maternity carer's rooms or practice;
 - (e) a maternity facility; or
 - (f) a place of the woman's choice and mutually agreed.

Defined in this notice: lead maternity care, maternity facility

Lead maternity carers

DA5 Lead Maternity Carer (LMC)

- (1) An LMC provides lead maternity care.
- (2) An LMC who cares for a woman in a maternity facility must support the maternity facility in achieving and maintaining *Baby Friendly Aotearoa* (BFHI).

Defined in this notice: BFHI, lead maternity care, maternity facility

DA6 General responsibilities of LMCs

- (1) The LMC is responsible for:
 - (a) assessing the woman's and baby's needs; and
 - (b) planning the woman's care with her and the care of the baby; and
 - (c) providing or ensuring care is provided to the woman throughout her pregnancy and postpartum period, including:
 - (i) all care required during pregnancy; and
 - (ii) the management of labour and birth; and
 - (iii) all care required during the first six weeks following birth; and
 - (iv) ensuring that all the applicable midwifery services are provided, including services to the mother, and all the applicable Well Child provider services to the baby within the responsibilities related to this notice; and
 - (v) facilitating access to other health and social services as individual needs require.
- (2) Following registration, the LMC is responsible for ensuring that the woman has access to maternity care 24 hours a day, seven days a week. The LMC is responsible for providing telephone advice or in-person assessment for urgent or acute issues.

Defined in this notice: labour and birth, primary maternity services, registration, Well Child provider

DA7 Continuity of care

- (1) Continuity of care enables relationship development between the woman and her LMC throughout pregnancy, enabling effective holistic care and ongoing assessment of needs, which maximise the uptake of health education and health-promoting activities and behaviour.
- (2) From the time of registration of a woman, an LMC is responsible for coordinating for the woman all of the modules of lead maternity care in order to achieve continuity of care.

- (3) Subject to subclause (6), if an LMC is unavailable to provide an entire module of care because of time off, holiday leave, sick leave, bereavement leave, continuing professional education requirements, or other exceptional circumstances, a back-up LMC may provide those services.
- (4) Subject to subclause (6), the LMC may, with the woman's consent, delegate the provision of part of a module, but not the entire module to another practitioner. However, the responsibility for ensuring the requirements of the module have been met remain with the LMC.
- (5) The respective responsibilities of the LMC and the midwife, general practitioner with a Diploma in Obstetrics or a Diploma in Obstetrics and Medical Gynaecology, or obstetrician to whom aspects of a module have been delegated will be clearly documented by the LMC in the woman's care plan.
- (6) Despite subclauses (3) and (4), if, because of exceptional reasons, the LMC is unable to be responsible for the ongoing provision of care to a woman, the LMC must ensure that there is a transfer of care to another service which can provide care for her.
- (7) An LMC is responsible for ensuring that referral to primary health services and Well Child services is offered, and if accepted, the referral process is completed.

Defined in this notice: back-up LMC, continuity of care, general practitioner, obstetrician, lead maternity care, midwife, module, practitioner, primary health services, registration, Well Child provider

DA8 Transfer of clinical responsibility to secondary or tertiary maternity services, and / or specialist neonatal services

- (1) If there is a transfer of clinical responsibility to secondary maternity services, tertiary maternity services, or specialist neonatal services, clinical responsibility for the woman and baby transfers to the new service, until there is a transfer of clinical responsibility back to the LMC.
- (2) Every transfer of clinical responsibility must be documented in the clinical records, including the date and time of transfer.
- (3) If clinical responsibility for a woman's care transfers to a secondary maternity service or tertiary maternity service, the woman's LMC midwife may continue to provide midwifery care to the woman in collaboration with those services.

Defined in this notice: DHB, midwife, records, secondary maternity, specialist neonatal services, tertiary maternity, transfer of clinical responsibility

Service linkages

DA9 Service linkages: Referral to Well Child provider

- (1) With the women's consent, written or electronic referral for ongoing care of the baby to a Well Child provider must take place before the end of the 4th week following birth.

- (2) If the baby has high needs, the LMC, in partnership with the woman, may request earlier involvement with Well Child services to provide concurrent and coordinated care to the whānau with the LMC.
- (3) A transfer of care from the LMC to the Well Child provider that meets the guidelines agreed by the New Zealand College of Midwives and providers of Well Child services, must take place by the time the baby is six weeks of age.
- (4) If the baby or woman has high needs, the LMC in partnership with the woman, may request ongoing involvement along with Well Child services to provide concurrent and coordinated care to the whānau for up to six weeks after the date of birth.

Defined in this notice: midwife, Well Child provider

DA10 Service linkages: Referral to primary health services

- (1) With the woman's consent, written or electronic referral for ongoing care of the woman and baby to the woman's primary health service provider must take place before the end of the 4th week following birth.
- (2) A transfer of care from the LMC to the woman's primary health service provider that meets the guidelines agreed by the New Zealand College of Midwives and the Royal New Zealand College of General Practitioners must take place before discharge from lead maternity care.
- (3) If a woman is not enrolled with a primary health service, the LMC must inform the woman about the primary health services available in the local area.

Defined in this notice: lead maternity care, primary health services

DA11 Linkages with other services

- (1) Providers of primary maternity care will also maintain linkages with the following local organisations and providers of health services:
 - (a) primary health services;
 - (b) maternity facility services;
 - (c) secondary and tertiary maternity services;
 - (d) pregnancy and parenting education services;
 - (e) ultrasound scanning and laboratory services;
 - (f) Well Child services;
 - (g) maternity support organisations;
 - (h) community and/or maternal mental health teams;
 - (i) NGO social service providers;

- (j) community breastfeeding support groups;
- (k) cultural support services; and
- (l) iwi providers.

Defined in this notice: maternity facility, pregnancy and parenting education, primary health services, primary maternity services, secondary maternity, tertiary maternity, Well Child provider

DA12 Exclusions

- (1) Lead maternity care does not include the following:
 - (a) primary maternity facility services;
 - (b) secondary and/or tertiary maternity facility services; or
 - (c) any services provided by a DHB provider arm.

Defined in this notice: lead maternity care, maternity facility, secondary maternity, tertiary maternity

Claims

DA13 General requirements for making claims for lead maternity care

- (1) Payments for lead maternity care may be claimed for services provided in accordance with subparts DA, DB and DC.
- (2) A maternity provider who claims a lead maternity care fee must be the maternity provider with whom the woman is registered through the woman's LMC.
- (3) No claims may be made for lead maternity care that has been provided before the date of registration.
- (4) No claims for lead maternity care will be accepted before the Ministry of Health has received a valid registration form.
- (5) An LMC can make only one claim for each lead maternity care module per woman per pregnancy.
- (6) Claims may be made only once, either when:
 - (a) the module or item of service has been completed; or
 - (b) the woman has registered with another LMC.
- (7) Trimester dates will be calculated based upon the agreed EDD supplied by the LMC with the claim.
- (8) The LMC additional care supplements do not apply to the following:
 - (a) any service provided by a maternity provider who is not the LMC.

- (9) The LMC rural practice and travel supplements do not apply to the following:
- (a) any service provided by a maternity provider who is not the LMC.

Defined in this notice: additional care supplements, claim, agreed EDD, lead maternity care, maternity provider, module, registration, rural, rural practice and travel supplements

Reporting requirements

DA14 Purchase units

- (1) The following purchase unit codes apply to lead maternity care.

Purchase unit ID	Purchase unit description
WM-REG	Registration services
WM1007	Antenatal services
WM1008	Labour and birth services
WM1009	Postnatal services

- (2) Purchase units are defined in the Ministry of Health's [Data Dictionary](#) and correspond to the relevant fees specified in Schedule 1.

Defined in this notice: lead maternity care

DA15 Registration information

An LMC must submit registration information in accordance with the [HISO Maternity Care Summary Standard 10050.2-2020](#) and reporting requirements as specified by the Ministry of Health.

Defined in this notice: registration

DA16 Service delivery information

An LMC must submit service delivery information in accordance with the [HISO Maternity Care Summary Standard 10050.2-2020](#) and reporting requirements as specified by the Ministry of Health.

DA17 Health status information

An LMC must submit health status information in accordance with the [HISO Maternity Care Summary Standard 10050.2-2020](#) and reporting requirements as specified by the Ministry of Health.

DA18 National Immunisation Register (NIR) information

- (1) An LMC must give the NIR the following information:
 - (a) a full and accurate record of birth details to enable valid NIR registration; and
 - (b) details of any vaccination given to the baby.

Defined in this notice: birth, LMC, National Immunisation Register

*Registration services***DA19 Service specification: First assessment, registration and care planning**

- (1) For the *First assessment, registration and care planning* module the LMC must provide and document the following services:
 - (a) information regarding the role of the LMC and the group practice (if relevant), which includes confirming that the LMC will meet the requirements in clauses DA6 and DA7, contact details, on-call and back-up arrangements; and
 - (b) undertake a comprehensive holistic assessment of the woman's needs, including review and assessment of her general health, past maternity, medical and family history, current pregnancy, and a physical examination; and
 - (c) discuss options for place of birth; and
 - (d) provide relevant individualised health education, including reinforcement of priority health promotion messages; and
 - (e) offer and facilitate referral to other health or social services as required; and
 - (f) commence, document and maintain a care plan with the woman, to be used and updated throughout all modules of care, that meets the recommended practice guidelines identified by relevant professional and regulatory bodies; and
 - (g) arrange for the woman to hold, or access electronically, a copy of her clinical record which includes her care plan and relevant information which should be shared with other providers who may become involved in her care; and
 - (h) provide appropriate information and education about screening, and offer referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about.

Defined in this notice: care plan, group practice, LMC, module

DA20 Payment rules: First assessment, registration and care planning

- (1) This module must be delivered as an in-person service.
- (2) This module can be claimed when the woman registers with an LMC (or respective LMCs) for the first time.

- (3) This module cannot be claimed if the woman re-registers with the same LMC more than once within the same pregnancy, birth or postnatal term.
- (4) Claiming this module indicates the intention or commitment of the LMC to provide continuity of care and on-call 24/7 availability.
- (5) This module can be claimed for services provided to a woman on the same date as care provided in the *First trimester pregnancy loss and Second trimester pregnancy loss* modules as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.
- (6) This module cannot be claimed if a *First trimester single service* has been claimed by the maternity provider for the same woman.
- (7) A claim for this module will only be processed once valid registration details have been received by the Ministry of Health.
- (8) The consultation for this module does not contribute to the total count of antenatal or postnatal contacts provided by the LMC to the woman.

Defined in this notice: claim, continuity of care, in-person, LMC, module, on-call, registration

Antenatal services

DA21 Service specification: First trimester care

- (1) For the *First trimester care* module the LMC must provide and document the following services:
 - (a) pregnancy care and advice, including but not limited to:
 - (i) all appropriate assessment and care of a woman; and
 - (ii) monitoring the progress of pregnancy, including ongoing assessment of maternal and fetal wellbeing; and
 - (iii) maintaining a documented clinical record of the care provided, including the care plan; and
 - (iv) providing appropriate information and education about screening, and offering referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about; and
 - (v) providing and reinforcing health education, health promotion messages and public health programmes; and
 - (vi) offering and facilitating referral to other health or social services as required.
- (2) The LMC may also provide:
 - (a) care and advice if there is a real and imminent risk of miscarriage, the woman is experiencing a miscarriage, or a miscarriage has occurred, including but not limited to:

- (i) all appropriate assessment and care of a woman; and
 - (ii) referral for diagnostic tests and treatment, if necessary; and
- (b) assessment, care and advice provided in relation to a termination of pregnancy, including:
- (i) referral for diagnostic tests, if necessary; and
 - (ii) referral for a termination of pregnancy.

Defined in this notice: care plan, LMC, miscarriage, module, termination of pregnancy

DA22 Payment rules: First trimester care

- (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.
- (2) 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.
- (3) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

Defined in this notice: first trimester, in-person, last menstrual period (LMP) date, module

DA23 Service specification: First trimester rural practice and travel supplement

- (1) An LMC may provide first trimester services at clause DA21 as required to a woman living in a very remote or remote location; and to those women living in major, large or medium urban areas; or areas with low, medium or high urban accessibility:
 - (a) consultations at a woman's home;
 - (b) consultations on a marae; or
 - (c) consultations at a place of mutual agreement.

Defined in this notice: first trimester, LMC, rural, urban area (UA) classification

DA24 Payment rules: First trimester rural practice and travel supplement

- (1) Eligibility for a *First trimester rural practice and travel supplement* is determined by the urban area (UA) classification of the woman's NHI address at the time the services were provided.
- (2) Payment for a *First trimester rural practice and travel supplement* relates to the provision of first trimester antenatal care and may be claimed after the completion of the module in which the service is provided.
- (3) Only one payment for *First trimester rural practice and travel supplement* will be made per woman per LMC per valid *First trimester care* module claim.

Defined in this notice: first trimester, LMC, module, urban area (UA) classification

DA25 Service specification: Second trimester care

- (1) In addition to the requirements set out under the service specification for first trimester care (DA21), the LMC must provide and document all of the following services to a woman in the second trimester of pregnancy:
- (a) monitor the progress of pregnancy, including ongoing assessment of maternal and fetal wellbeing; and
 - (b) maintain the clinical record including the care plan; and
 - (c) provide appropriate information and education, including breastfeeding education; and
 - (d) offer referral for the appropriate screening tests that the Ministry of Health may, from time to time, notify maternity providers about; and
 - (e) arrange booking to a maternity facility of the woman's choice if appropriate; and
 - (f) inform the woman regarding:
 - (i) the availability of, and access to, pregnancy and parenting, and breastfeeding education, including culturally appropriate and targeted options as appropriate; and
 - (ii) the availability of paid parental leave, if applicable; and
 - (iii) Ministry of Health information on immunisation and the NIR.

Defined in this notice: care plan, LMC, maternity facility, National Immunisation Register, pregnancy and parenting education, second trimester

DA26 Payment rules: Second trimester care

- (1) The full *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.
- (2) 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.
- (3) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

Defined in this notice: in-person, LMC, second trimester

DA27 Payment rules: Partial second trimester care

- (1) In accordance with this clause, only one of the full fee, the first partial fee, or the last partial *Second trimester care* fee may be claimed by the LMC, as the case requires.

- (2) 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 and the LMC has provided at least one in-person consultation. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a first partial fee.
- (3) 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 and the LMC has provided at least one in-person consultation. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a last partial fee.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Second trimester care* fee if they meet the requirements of clause DA25.

Defined in this notice: in-person, LMC, partial payment, second trimester

DA28 Service specification: Second trimester rural practice and travel supplement

- (1) An LMC may provide second trimester services at clause DA25, as required, to a woman living in a very remote or remote location; and to those women living in major, large or medium urban areas; or areas with low, medium or high urban accessibility:
 - (a) consultations at a woman's home;
 - (b) consultations on a marae; or
 - (c) consultations at a place of mutual agreement.

Defined in this notice: LMC, second trimester, rural

DA29 Payment rules: Second trimester rural practice and travel supplement

- (1) Eligibility for a *Second trimester rural practice and travel supplement* is determined by the urban area (UA) classification of the woman's NHI address at the time the services were provided.
- (2) Payment for a *Second trimester rural practice and travel supplement* relates to the provision of second trimester antenatal care and may be claimed after the completion of the module in which the service is provided.
- (3) Only one payment for *Second trimester rural practice and travel supplement* will be made per woman per LMC per valid *Second trimester care* module claim.

Defined in this notice: LMC, module, second trimester, urban area (UA) classification

DA30 Payment rules: Partial second trimester rural practice and travel supplement

- (1) In accordance with this clause only one of the full fee, the first partial fee, or the last partial *Second trimester rural practice and travel supplement* fee may be claimed by the LMC, per valid *Second trimester care* module claim, as the case requires.
- (2) 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.
- (3) 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.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Second trimester rural practice and travel supplement* fee if they meet the requirements of clause DA27.

Defined in this notice: in-person, LMC, partial payment, second trimester

DA31 Service specification: Third trimester care

- (1) In addition to the requirements set out under the service specifications for first and second trimester care (DA21 and DA25), the LMC must provide and document all of the following services to a woman in third trimester of pregnancy:
 - (a) organise appropriate arrangements for care during labour and birth and following birth, including, if possible, organise for the woman to meet any other practitioners who are likely to be involved in her care; and
 - (b) discuss and confirm a care plan for postnatal support, including care of the baby, breastfeeding and maternal self-care; and
 - (c) discuss postnatal contraception options.

Defined in this notice: birth, care plan, labour and birth, LMC, postnatal care, third trimester

DA32 Payment rules: Third trimester care

- (1) The full *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.
- (2) 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.
- (3) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.

Defined in this notice: in-person, LMC, module

DA33 Payment rules: Partial third trimester care

- (1) In accordance with this clause only one of the full fee, the first partial fee, or the last partial *Third trimester care* fee may be claimed by the LMC, as the case requires.
- (2) 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, and the LMC has provided at least one in-person consultation. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a first partial fee.
- (3) 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 and the LMC has provided at least one in-person consultation. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a last partial fee.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Third trimester care* fee if they meet the requirements of clause DA31.

Defined in this notice: in-person, LMC, partial payment

DA34 Service specification: Antenatal additional care supplement

- (1) The LMC of a woman requiring additional care during the antenatal period is responsible for ensuring that the woman receives this care.
- (2) Additional antenatal care may be necessary due to the woman's:
 - (a) documented complex social needs; and/or
 - (b) documented complex clinical needs.
- (3) The criteria for the *Antenatal additional care supplement* are available on the [Ministry of Health](#) website.

Defined in this notice: additional care supplements, LMC

DA35 Payment rules: Antenatal additional care supplement

- (1) A claim may be made for the *Antenatal additional care supplement* when the criteria are met for low additional care needs, and/or moderate additional care needs and/or high additional care needs. The LMC must document the applicable criteria that apply, and the care provided in accordance with clause DA34(2).
- (2) A claim may be made for the *Antenatal additional care supplement* at the conclusion of the third trimester, provided the services outlined at DA31 and DA34 have been provided and a valid *Third trimester care* claim is also submitted.

- (3) Alternatively, a claim may be made for the *Antenatal additional care supplement* at the conclusion of care if the woman changes LMC or transfers to secondary care during the pregnancy.
- (4) Only one payment for the *Antenatal additional care supplement* will be paid per woman, per LMC.
- (5) 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 this supplement.
- (6) If an LMC has made a written application to the Ministry of Health for a discretionary decision on partial payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: additional care supplements, first trimester, LMC, pregnancy loss event, second trimester

DA36 Service specification: Third trimester rural practice and travel supplement

- (1) An LMC may provide third trimester services at clause DA31 as required to a woman living in a very remote or remote location; and to those women living in major, large or medium urban areas; or areas with low, medium or high urban accessibility:
 - (a) consultations at a woman's home;
 - (b) consultations on a marae; or
 - (c) consultations at a place of mutual agreement.

Defined in this notice: LMC, third trimester, rural

DA37 Payment rules: Third trimester rural practice and travel supplement

- (1) Eligibility for a *Third trimester rural practice and travel supplement* is determined by the urban area (UA) classification of the woman's NHI address at the time the services were provided.
- (2) Payment for a *Third trimester rural practice and travel supplement* relates to the provision of third trimester antenatal care and may be claimed after the completion of the module in which the service is provided.
- (3) Only one payment for *Third trimester rural practice and travel supplement* will be made per woman per LMC per valid *Third trimester care* module claim.

Defined in this notice: LMC, module, urban area (UA) classification

DA38 Payment rules: Partial third trimester rural practice and travel supplement

- (1) In accordance with this clause only one of the full fee, the first partial fee, or the last partial *Third trimester rural practice and travel supplement* fee may be claimed by the LMC, per valid *Third trimester care* module claim, as the case requires.
- (2) 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.
- (3) 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.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Third trimester rural practice and travel supplement* fee if they meet the requirements of clause DA36.

Defined in this notice: LMC, partial payment

Labour and birth services

DA39 Service specification: Labour and birth care

- (1) The LMC is responsible for ensuring that all the following services are provided:
 - (a) primary maternity services from the time of established labour, including initial assessment of the woman at her home or at a maternity facility, and regular monitoring of the progress of the woman and baby; and
 - (b) management of the birth; and
 - (c) primary maternity care until two hours after delivery of the placenta, including updating the care plan, attending the birth and delivery of the placenta, suturing of the perineum (if required), initial examination of the baby at birth, initiation of breastfeeding (or feeding), care of the placenta, and attending to any legislative requirements regarding birth notification by health professionals.
- (2) The LMC must make every effort to attend, as necessary, during labour and to attend the birth, including making every effort to attend a woman as soon as practicable:
 - (a) after the woman's arrival at the maternity facility where she will give birth; or
 - (b) when requested by the woman, for a home birth.
- (3) If an LMC is unable to attend the birth because of holiday leave, sick leave, bereavement leave, continuing professional education requirements or other exceptional circumstances, the LMC must make appropriate arrangements with a back-up LMC for provision of the specified care.
- (4) For a home birth, in addition to clause (1), the LMC must:
 - (a) arrange for another midwife, general practitioner or obstetrician to be available to attend the birth; and

- (b) maintain equipment (including neonatal resuscitation equipment) and provide the delivery pack and consumable supplies; and
 - (c) ensure that a midwife, general practitioner with a Diploma in Obstetrics or Diploma in Obstetrics and Medical Gynaecology, or obstetrician remains with the woman for at least two hours following the birth.
- (5) A general practitioner with a Diploma in Obstetrics or Diploma in Obstetrics and Medical Gynaecology, or obstetrician LMC who uses hospital midwifery services in order to provide the full service required during labour and birth must:
- (a) ensure that the respective responsibilities of the LMC and the hospital midwifery services are clearly documented in the care plan, and that a copy of the care plan is given to the hospital midwifery services and to the woman; and
 - (b) monitor progress of labour; and
 - (c) be available to attend as soon as required at any time during the labour; and
 - (d) attend the birth and the delivery of the placenta.

Defined in this notice: back-up LMC, care plan, established labour, general practitioner, obstetrician, home birth, hospital midwifery services, labour and birth, LMC, maternity facility, midwife, primary maternity services

DA40 Payment rules: Labour and birth care

- (1) Only one *Labour and birth care* fee is payable for a birth (including a multiple birth).
- (2) An LMC may not claim this fee if they are claiming either a *Labour and birth – exceptional circumstances* or a *Planned caesarean section* module or the *Missed birth – rural* fee for the same woman for the same pregnancy.
- (3) The payment to be claimed depends on whether the birth is a first birth, vaginal birth after caesarean (VBAC), or subsequent birth.
- (4) The payment to be claimed depends on whether the LMC provided all labour and birth care, or utilised hospital midwifery services. If a general practitioner or obstetrician LMC uses hospital midwifery services to provide labour care, the maternity provider must claim appropriate fee: *GP/Obs first birth*, *GP/Obs VBAC* or *GP/Obs subsequent birth* (as per Schedule 1).
- (5) 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.

Defined in this notice: established labour first birth, general practitioner, hospital midwifery services, labour and birth, LMC, maternity provider, midwife, obstetrician, secondary maternity, subsequent birth, transfer of clinical responsibility, vaginal birth after caesarean section

DA41 Service specification: Home birth planning and supplies

- (1) 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.
- (2) The LMC must ensure they have the appropriate equipment and consumables for the home birth.

Defined in this notice: home birth, home birth planning and supplies, labour and birth, LMC, third trimester

DA42 Payment rules: Home birth planning and supplies

- (1) The payment for *Home birth planning and supplies* may be claimed only once per woman per pregnancy.
- (2) The payment for *Home birth planning and supplies* may be claimed in the case of a planned home birth where the LMC attends a labour that commences at home, but the woman ultimately transfers to a hospital for the birth.
- (3) In the case where an LMC attends an unplanned home birth, 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.
- (4) In the case where an LMC attends a second trimester pregnancy loss at a woman's home, 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.
- (5) If an LMC has made a written application to the Ministry of Health for a discretionary decision on payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: home birth, home birth planning and supplies, LMC

DA43 Service specification: Planned caesarean section

- (1) The LMC must provide a woman with continuing support and continuity of care including:
 - (a) attendance at a planned caesarean section where requested by the woman and where the LMC has provided third trimester care as at DA31.

Defined in this notice: continuity of care, LMC, third trimester

DA44 Payment rules: Planned caesarean section

- (1) Only one *Planned caesarean section* fee is payable for a birth.
- (2) This module may only be claimed where the LMC has attended the planned caesarean section and has submitted a valid *Third trimester care* claim.

- (3) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.
- (4) An LMC may not claim this fee if they are claiming the *Labour and birth care* or the *Labour and birth – exceptional circumstances* module for the same woman for the same pregnancy.
- (5) 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 to the reasons outlined at DA51(1), the LMC may claim the *Planned caesarean section* fee and may not claim the *Missed birth – rural* fee.

Defined in this notice: labour and birth, LMC, module, rural

DA45 Service specification: Labour and birth – exceptional circumstances

- (1) The LMC or back-up LMC must provide a woman with continuing in-person support and continuity of care, including:
 - (a) if there are special circumstances during labour and birth and the LMC makes a written application to the Ministry of Health for a discretionary decision on payment and receives approval.

Defined in this notice: continuity of care, back-up LMC, in-person, labour and birth, LMC

DA46 Payment rules: Labour and birth – exceptional circumstances

- (1) Only one *Labour and birth – exceptional circumstances* fee is payable for a birth.
- (2) An LMC may not claim this fee if they are claiming either a *Labour and birth care* or a *Planned caesarean section* module or the *Missed birth – rural* fee for the same woman for the same pregnancy.
- (3) If an LMC has made a written application to the Ministry of Health for a discretionary decision on payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: labour and birth, LMC, module

DA47 Service specification: Labour and birth additional care supplement

- (1) The LMC of a woman requiring additional care during the labour and birth is responsible for ensuring that the woman receives this care.
- (2) Additional labour and birth care may be necessary due to the woman's:
 - (a) complex social needs; and/or
 - (b) complex clinical needs.
- (3) The criteria for the *Labour and birth additional care supplement* are available on the [Ministry of Health](#) website.

Defined in this notice: additional care supplements, LMC

DA48 Payment rules: Labour and birth additional care supplement

- (1) A claim may be made for the *Labour and birth additional care supplement* when the criteria are met for low additional care needs, and/or moderate additional care needs and/or high additional care needs. The LMC must document the applicable criteria that apply under clause DA47(3) and the care provided in accordance with clause DA47.
- (2) A claim for the *Labour and birth additional care supplement* may be made at the conclusion of the labour and birth care, provided the services outlined at DA39 have been provided and a valid *Labour and birth care* claim is also submitted.
- (3) Only one payment for the *Labour and birth additional care supplement* will be paid per woman, per LMC.

Defined in this notice: in-person, LMC

DA49 Service specification: Labour and birth rural practice and travel supplement

- (1) For the labour and birth care of a woman living in a very remote or remote location; or to a woman living in a major, large or medium urban area; or an area with low, medium or high urban accessibility, the LMC must provide the following in-person services:
 - (a) early labour assessments, as required; and
 - (b) attending the labour and birth as soon as practicable when requested by the woman at:
 - (i) the maternity facility of the woman's choice; or
 - (ii) at a home birth, where this is requested by the woman.

Defined in this notice: in-person, labour and birth, LMC, maternity facility, rural

DA50 Payment rules: Labour and birth rural practice and travel supplement

- (1) Eligibility for a *Labour and birth rural practice and travel supplement* is determined by the urban area (UA) classification of the woman's NHI address at the time the services were provided.
- (2) Payment for a *Labour and birth rural practice and travel supplement* relates to the provision of labour and birth care and may be claimed after the completion of the module in which the services are provided.
- (3) Only one payment for *Labour and birth rural practice and travel supplement* will be made per woman per LMC per valid *Labour and birth care* module claim.

Defined in this notice: labour and birth, LMC, module, urban area (UA) classification

DA51 Service specification: Missed birth – rural

- (1) 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* fee if they are unable to attend the birth for either of the following reasons:
 - (a) the woman is unable to birth locally due to unexpected changes in her clinical or social circumstances during the third trimester; or
 - (b) the LMC is unexpectedly unable to leave the region due to clinical commitments.

Defined in this notice: labour and birth, LMC, rural

DA52 Payment rules: Missed birth – rural

- (1) Payment of a *Missed birth – rural* fee relates to the intended provision of labour and birth care.
- (2) A claim may be made for the *Missed birth – rural* fee at the conclusion of the third trimester, provided the services outlined at DA36 have been provided and a valid *Third trimester care* claim is also submitted.
- (3) Only one payment for a *Missed birth – rural* fee is payable for a birth (including a multiple birth).
- (4) An LMC may not claim this fee if they are claiming either a *Labour and birth care*, a *Planned caesarean section* or a *Labour and birth – exceptional circumstances* module for the same woman for the same pregnancy.
- (5) 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.

Defined in this notice: labour and birth, LMC, module

Postnatal services

DA53 Service specification: Postnatal care

- (1) The LMC is responsible for ensuring that all the following services are provided and that the provision of services is documented for both the mother and baby:
 - (a) postnatal consultations at mutually agreed times of the day to assess and care for the woman and baby in a maternity facility and at home until six weeks after birth, including:
 - (i) liaison and consultation with the woman and the maternity facility services regarding the timing of discharge of both mother and baby; and

- (ii) one consultation at the woman's home before the end of the day after discharge from the maternity facility; and
 - (iii) at least seven postnatal consultations in total, including a minimum of five consultations conducted in the woman's home; and
 - (iv) 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; and
- (b) as part of the consultations in clause (a):
- (i) examinations of the baby consistent with the requirements of the [Well Child Tamariki Ora Schedule](#), and
 - (ii) examinations of the woman at clinically appropriate times and before referral to the woman's primary care provider; and
- (c) as a part of the consultations in clause (a), the provision of care and advice to the woman, including:
- (i) assistance with and advice about breastfeeding and the nutritional needs of the woman and baby; and
 - (ii) assessing for risk of postnatal distress, depression and family violence, with appropriate advice and referral (where services are available); and
 - (iii) providing appropriate information and education about screening; and
 - (iv) offering to provide or refer the baby for the appropriate screening tests specified by the Ministry of Health and receive and follow up the results of these tests as necessary; and
 - (v) providing Ministry of Health information on immunisation and the National Immunisation Register and provision of any appropriate or scheduled immunisations consented to; and
 - (vi) providing access to services as outlined in the [Well Child Tamariki Ora Schedule](#); and
 - (vii) providing advice regarding contraception; and
 - (viii) providing parenting advice and education; and
- (d) review and update the care plan and document progress, care given and outcomes, and ensuring that the maternity facility has a copy of the care plan if the woman is receiving in-patient postnatal care.

Defined in this notice: care plan, in-patient postnatal care, LMC, maternity facility, National Immunisation Register, postnatal care, primary health services, Well Child provider

DA54 Payment rules: Postnatal care

- (1) This module cannot be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module.
- (2) The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided in the postnatal period.

- (3) Only one payment for *Postnatal care* will be paid per woman, per pregnancy, except where the mother and baby have different residential addresses. If separate fees for postnatal care are sought, details of the circumstances must be provided with the claim. In particular:
- (a) for the claim for *Postnatal care* for the birth mother, the birth mother's NHI number and the baby's NHI number must be provided on the claim; and
 - (b) for the claim for *Postnatal care* for the baby and its caregiver, the caregiver's NHI number and the baby's NHI number must be provided on the claim. In addition, the caregiver must be registered with the LMC.

Defined in this notice: National Health Index, LMC, postnatal care

DA55 Payment rules: Partial postnatal care

- (1) In accordance with this clause only one of the full fee, the first partial fee or the last partial fee may be claimed by the LMC, as the case requires.
- (2) 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. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a first partial fee.
- (3) 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. The count of consultations must not include the *First assessment, registration and care planning* consultation if this service has also been provided within the specified timeframe for a last partial fee.
- (4) If subclauses (1) and (2) do not apply, the LMC may claim the full fee if they meet the requirements of clause DA53.

Defined in this notice: in-person, LMC, partial payment, second trimester

DA56 Service specification: Postnatal additional care supplement

- (1) The LMC of a woman requiring additional care during the 6 weeks following the birth is responsible for ensuring that the woman receives this care.
- (2) Additional postnatal care may be necessary due to the woman's:
- (a) documented complex social needs; and/or
 - (b) documented complex clinical needs.
- (3) The criteria for the *Postnatal additional care supplement* are available on the [Ministry of Health](#) website.

Defined in this notice: additional care supplements, LMC

DA57 Payment rules: Postnatal additional care supplement

- (1) A claim may be made for the *Postnatal additional care supplement* when the criteria are met for low additional care needs, and/or moderate additional care needs and/or high additional care needs. The LMC must document the applicable criteria that apply under clause DA56(3) and the care provided in accordance with clause DA56.
- (2) A claim may be made for the *Postnatal additional care supplement* at the conclusion of the postnatal period, provided the services outlined at DA53 have been provided and a valid *Postnatal care* claim is also submitted.
- (3) Only one payment for the *Postnatal additional care supplement* will be paid per woman, per LMC.

Defined in this notice: in-person, LMC, postnatal care

DA58 Payment rules: Partial postnatal additional care supplement

- (1) In accordance with this clause only one of the full fee, the first partial fee, or the last partial *Postnatal additional care supplement* fee may be claimed per LMC, per valid *Postnatal care* module claim, as the case requires.
- (2) 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 and 6 days following the date of birth.
- (3) 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.
- (4) If subclauses (1) and (2) do not apply, the LMC may claim the full *Postnatal additional care supplement* fee if they meet the requirements of clause DA56.

Defined in this notice: in-person, LMC, partial payment

DA59 Service specification: Postnatal rural practice and travel supplement

- (1) An LMC may provide postnatal care services at clause DA53 as required to a woman living in a very remote or remote location; and to those women living in major, large or medium urban areas; or areas with low, medium or high urban accessibility:
 - (a) consultations at a woman's home;
 - (b) consultations on a marae; or
 - (c) consultations at a place of mutual agreement that is not the LMC's rooms or practice.

Defined in this notice: LMC, postnatal care, rural

DA60 Payment rules: Postnatal rural practice and travel supplement

- (1) Eligibility for a *Postnatal rural practice and travel supplement* is determined by the urban area (UA) classification of the woman's or caregiver's NHI address at the time the services were provided.
- (2) Only one payment for the *Postnatal rural practice and travel supplement* will be made per LMC per valid *Postnatal care* module claim, except where the woman and baby have different residential addresses. If separate fees for the *Postnatal rural practice and travel supplement* are sought, details of the circumstances must be provided with the claim. In particular:
 - (a) where the claim for the *Postnatal rural practice and travel supplement* is for the birth mother, the birth mother's NHI number and the baby's NHI number must be provided on the claim; and
 - (b) where the claim for the *Postnatal rural practice and travel supplement* is for the baby and their caregiver, the caregiver's NHI number and the baby's NHI number must be provided on the claim. In addition, the caregiver must be registered with the maternity provider.

Defined in this notice: caregiver, LMC, maternity provider, module, National Health Index, urban area (UA) classification

DA61 Payment rules: Partial postnatal rural practice and travel supplement

- (1) In accordance with this clause only one of the full fee, the first partial fee, or the last partial *Postnatal rural practice and travel supplement* fee may be claimed per LMC, per valid *Postnatal care* module claim, as the case requires.
- (2) 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 and 6 days following the date of birth.
- (3) 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.
- (4) If subclauses (1) and (2) do not apply, the LMC may claim the full *Postnatal rural practice and travel supplement* fee if they meet the requirements of clause DA59.

Defined in this notice: in-person, LMC, partial payment

Subpart DB – Primary maternity single services

General information about primary maternity single services

DB1 Aim of primary maternity single services

- (1) The aim of primary maternity single services is to support the provision of lead maternity care.
- (2) Primary maternity single services are provided in addition to usual lead maternity care or as a service sought on a casual basis outside lead maternity care.

Defined in this notice: lead maternity care

DB2 Charging for primary maternity single services

The primary maternity single services that are described and funded under this notice are to be provided free of charge to persons who are eligible to receive these services.

Defined in this notice: persons who are eligible

DB3 Where primary maternity single services may be provided

- (1) Primary maternity single services may be provided in a range of places, including:
 - (a) a woman's home;
 - (b) a baby's home (if it is different from the mother's home);
 - (c) a marae;
 - (d) the practitioner's clinic rooms or practice;
 - (e) a maternity facility; or
 - (f) a place of mutual agreement.

Defined in this notice: maternity facility, practitioner

DB4 Service linkages

- (1) Providers of primary maternity single services will maintain linkages with local providers of the following services:
 - (a) primary health services;
 - (b) LMCs
 - (c) secondary maternity services; and
 - (d) ultrasound scanning services.

Defined in this notice: LMC, primary health services, secondary maternity services

DB5 Exclusions

- (1) Primary maternity single services do not include the following:
- (a) ultrasound scanning; or
 - (b) any services provided by a DHB provider arm.

Defined in this notice: DHB provider arm

DB6 General requirements for making claims for primary maternity single services

- (1) Payments for primary maternity single services may be claimed for services provided in accordance with this subpart.
- (2) A maternity provider must claim electronically by submitting an electronic claim file to the Ministry of Health as per clause CC5.
- (3) Claims may only be made once the module or item of service has been completed.

Defined in this notice: claim, EDD, lead maternity care, maternity provider, module, registration

DB7 Purchase unit

- (1) The following purchase unit code applies to primary maternity single services:

Purchase unit ID	Purchase unit description
WM1000	Primary maternity single services

- (2) Purchase units are defined in the Ministry of Health [Data Dictionary](#) and correspond to the relevant fees specified in Schedule 1.

DB8 Service delivery information

An LMC must submit service delivery information in accordance with the [HISO Maternity Care Summary Standard 10050.2-2020](#) and reporting requirements as specified by the Ministry of Health.

*Primary maternity single services***DB9 Service specification: First trimester single service**

- (1) For the *First trimester single service*, the practitioner must provide the following in-person services as required:
- (a) pregnancy care and advice, including, but not limited to:
 - (i) confirmation of pregnancy; and
 - (ii) health information and education including nutrition, smoking, alcohol and drugs cessation advice; and
 - (iii) advice on, and referral for, time critical screening tests; and

- (b) inform the woman regarding her options for choosing an LMC and supporting access to an LMC of her choice; and
 - (c) provide written information, including test results and relevant information, to the woman and her LMC on the care provided.
- (2) The practitioner may also provide:
- (a) assessment, care and advice provided in relation to a termination of pregnancy, including but not limited to:
 - (i) referral for diagnostic tests, if necessary; and
 - (ii) referral for a termination of pregnancy.

Defined in this notice: first trimester, LMC, module, practitioner, termination of pregnancy

DB10 Payment rules: First trimester single service

- (1) Only one claim may be made per woman per maternity provider per day.
- (2) A claim may only be made for an in-person consultation with a woman between the LMP date and 13 weeks 6 days gestation.
- (3) 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.
- (4) This module cannot be claimed by the LMC with whom the woman is currently registered, in which case the *First trimester care* module may be claimed.
- (5) 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.
- (6) If a practitioner has made a written application to the Ministry of Health for a discretionary decision on payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: first trimester, in-person, last menstrual period (LMP) date, LMC, maternity provider, module

DB11 Service specification: Urgent single service

- (1) A maternity provider must provide the services listed in clause (2) to a woman who:
 - (a) is pregnant; or
 - (b) is within the six-week period following birth; and
 - (c) has made an attempt and failed to access her LMC and/or the back-up LMC (where the woman is registered with an LMC); or
 - (d) is away from her usual place of residence.

- (2) The services that must be provided include:
- (a) pregnancy care and advice in response to an acute request received where the nature of the request is acute (but not necessarily the service ultimately provided); or
 - (b) an appropriate assessment, care and treatment for a woman who presents to the practitioner for care during the six-week period following birth; and
 - (c) emergency referral to a specialist if necessary; and
 - (d) the provision of information to the woman's LMC about the care provided (where the woman has an LMC).
- (3) 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:
- (a) 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;
 - (b) whether the woman is away from her usual place of residence; and
 - (c) the name of the LMC (where the woman has an LMC); and
 - (d) the avenues by which the woman has attempted and failed to contact her LMC and the back-up LMC; and
 - (e) evidence of the provision of information to the LMC (where the woman has an LMC).

Defined in this notice: away from usual place of residence, LMC, maternity provider

DB12 Payment rules: Urgent single service

- (1) Only one claim may be made per woman per maternity provider per day.
- (2) This module may not be claimed by the LMC with whom the woman is currently registered, or the back-up LMC.
- (3) 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.
- (4) 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.

Defined in this notice: back-up LMC, LMC, maternity provider, module

DB13 Service specification: First trimester pregnancy loss

- (1) For the *First trimester pregnancy loss* module the maternity provider may provide the following services:
 - (a) care and advice if there is a real and imminent risk of miscarriage, the woman is experiencing a miscarriage, or a miscarriage has occurred, including:
 - (i) all appropriate assessment and care of a woman; and
 - (ii) referral for diagnostic tests and treatment, if necessary; and
 - (iii) contraceptive and pre-conceptual advice as necessary.

Defined in this notice: maternity provider, miscarriage, module, pregnancy loss event

DB14 Payment rules: First trimester pregnancy loss

- (1) Only one fee is payable per pregnancy loss event (including loss of a multiple pregnancy).
- (2) A claim may be made for in-person consultations between the LMP date and 13 weeks 6 days gestation, or up to two weeks after the pregnancy loss event.
- (3) This module can be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.
- (4) This module can be claimed by the woman's LMC in addition to the *First trimester care* module.
- (5) In-person consultations for a first trimester pregnancy loss cannot be counted towards LMC *First trimester care* services.

Defined in this notice: first trimester, in-person, LMC, maternity provider, module, pregnancy loss event

DB15 Service specification: Second trimester pregnancy loss

- (1) For a woman between 14 weeks 0 days and 19 weeks 6 days gestation the maternity provider may attend 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.
- (2) For a woman who has experienced a second trimester pregnancy loss, the maternity provider must provide and document the following postpartum services:
 - (a) physical assessment and care of the woman; and
 - (b) emotional support and care; and
 - (c) contraceptive and pre-conceptual advice as necessary; and
 - (d) referral for diagnostic tests, as needed, to ensure complete recovery from the pregnancy loss; and

- (e) referral to counselling services and/or social services, where available, as individual needs require.

Defined in this notice: in-person, pregnancy loss event, second trimester

DB16 Payment rules: Second trimester pregnancy loss

- (1) Only one fee is payable per pregnancy loss event (including loss of a multiple pregnancy).
- (2) This module applies to a pregnancy loss event occurring between 14 weeks 0 days and 19 weeks 6 days gestation.
- (3) The maternity provider must provide a minimum of one in-person postpartum consultation.
- (4) The *Second trimester pregnancy loss* module covers care provided for up to two weeks after the date of the pregnancy loss.
- (5) 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).
- (6) The payment for *Home birth planning and supplies* (DA41) may be claimed where the maternity provider has attended a second trimester pregnancy loss event at the woman's home.
- (7) This module can be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.

Defined in this notice: home birth planning and supplies, in-person, LMC, module, pregnancy loss event, second trimester

DB17 Payment rules: Partial second trimester pregnancy loss

- (1) In accordance with this clause only one of the full fee or a first or last partial *Second trimester pregnancy loss* fee may be claimed, as the case requires.
- (2) In the case where the maternity provider has attended during the pregnancy loss event to provide advice and care to the woman but did not provide the postpartum services at clause DB15(2), a partial fee will apply.
- (3) In the case where the maternity provider has provided postpartum services but did not attend in-person during the pregnancy loss event at clause DD15(1), a partial fee will apply.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Second trimester pregnancy loss* fee if they meet the requirements of clause DB16.

Defined in this notice: in-person, LMC, maternity provider, pregnancy loss event, second trimester

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.

Defined in this notice: maternity facility, practitioner

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.

Defined in this notice: labour and birth, module, practitioner, urban area (UA) classification

DB20 Service specification: Rural support

- (1) A general practitioner or midwife must provide the following services as required to women during labour and birth, or during an urgent clinical event:
 - (a) 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.

Defined in this notice: general practitioner, obstetrician, labour and birth, LMC, midwife, practitioner

DB21 Payment rules: Rural support

- (1) A maternity provider may claim one *Rural support* fee per woman and/or baby per day.
- (2) This module may not be claimed by the LMC with whom the woman is currently registered.

(3) If the *Rural support* fee is claimed, no claim for the following service may be made in respect of that labour and birth or urgent clinical event:

(a) *Second midwife support services* under clause DB22.

Defined in this notice: maternity provider

DB22 Service specification: Second midwife support services

(1) The aim of the *Second midwife support services* 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.

(2) 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.

(3) The second midwife must provide labour and birth services as required to support the midwife LMC (including that midwife LMC's back-up LMC midwife if they are providing the labour and birth services in place of the midwife LMC) during a labour event when either of the following special circumstances apply:

(a) 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

(b) 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:

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

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

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

(4) The midwife LMC and the second midwife 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:

(a) the reason why support from a second midwife is required; and

(b) the name and registration number of the second midwife; and

(c) the date and time of attendance (beginning and end times during which second midwife service was provided); and

(d) the time of the transfer of clinical responsibility if this occurs under clause DB22(3)(b).

(5) 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.

Defined in this notice: back-up LMC, in-person, labour and birth, LMC, maternity facility, midwife, module, records, second midwife, transfer of clinical responsibility

DB23 Payment rules: Second midwife support services

- (1) 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.
- (2) The second midwife must hold a relevant Access Agreement with any facility in which they provide services, and be authorised to claim under this notice.
- (3) Only one *Second midwife support services* fee is payable for a labour and birth (including a multiple birth).
- (4) 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.
- (5) If the *Second midwife support services* fee is claimed, no claim for the following service may be made in respect of that second midwife supported labour and birth:
 - (a) *Rural support* under clause DB20.

Defined in this notice: Access Agreement, back-up LMC, labour and birth, LMC, midwife, second midwife

Subpart DC – Primary maternity ultrasound services

DC1 Aim of primary maternity ultrasound services

The aim of primary maternity ultrasound services is to support the provision of primary maternity care.

Defined in this notice: lead maternity care

DC2 Charging for primary maternity ultrasound services

- (1) The primary maternity ultrasound services that are described under this notice are to be provided to persons who are eligible to receive these maternity services.
- (2) As specialists, radiologists providing these services may levy a part charge for clinically indicated primary maternity ultrasounds, as specified in the schedule of maternity ultrasound clinical indication codes, available on the [Ministry of Health](#) website.
- (3) Radiologists may not claim for the provision of maternity ultrasound services under this notice in the following circumstances:
 - (a) if a woman self-refers for an ultrasound without a clinical indication;

- (b) if there is no applicable clinical reason code on the referral form;
- (c) if the woman is not a person who is eligible for funded maternity services;
- (d) if the woman presents more than more than six weeks after the birth; or
- (e) if the woman presents more than two weeks after a miscarriage or termination of pregnancy.

Defined in this notice: miscarriage, persons who are eligible, radiologist, specialist, termination of pregnancy

DC3 Where primary maternity ultrasound services may be provided

- (1) Primary maternity ultrasound services may be provided in a range of places, including:
 - (a) the private radiology provider's clinic rooms or practice; or
 - (b) a private obstetrician's (with a DDU) clinic rooms or practice; or
 - (c) a maternity facility.

Defined in this notice: maternity facility, obstetrician, DDU

DC4 Referral criteria

- (1) Funded primary maternity ultrasound scan services may only be provided to women and babies:
 - (a) on referral from another practitioner or a family planning practitioner if the specialist who provides the primary maternity ultrasound scan is not the practitioner or family planning practitioner making the referral, and;
 - (b) where there is a written referral signed by a midwife, general practitioner, obstetrician or family planning practitioner specifying a clinical reason for the referral that is in accordance with the schedule of maternity ultrasound clinical indication codes, available on the [Ministry of Health](#) website.

Defined in this notice: family planning practitioner, general practitioner, midwife, practitioner, specialist

DC5 Quality of service requirements

- (1) A nuchal translucency ultrasound scan must be undertaken by a practitioner with the appropriate training and access to risk estimation software, and appropriate quality of equipment.
- (2) Practitioners performing or supervising nuchal translucency ultrasound scans must have obtained the appropriate accreditation recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists.

Defined in this notice: practitioner

DC6 Service linkages

- (1) Providers of primary maternity ultrasound services will maintain linkages with local providers of the following services:
- (a) primary health services;
 - (b) LMCs; and
 - (c) secondary and tertiary maternity services.

Defined in this notice: LMC, primary health services, secondary maternity services

DC7 Exclusions

- (1) Primary maternity ultrasound services do not include the following:
- (a) services provided as part of obstetric lead maternity care;
 - (b) ultrasound scanning except for reasons and using the codes listed in the schedule of maternity ultrasound clinical indication codes, available on the [Ministry of Health](#) website;
 - (c) any services provided and funded by the provider arm of a DHB;
 - (d) any services provided by a practitioner if:
 - (i) the practitioner is an employee of a DHB provider arm; and
 - (ii) the practitioner provides the maternity service in their capacity as an employee of a DHB provider arm.

Defined in this notice: DHB provider arm, lead maternity care, practitioner

DC8 Purchase unit

- (1) The following purchase unit code applies to ultrasound services:

Purchase unit ID	Purchase unit description
WM1005	Ultrasound services

- (2) Purchase units are defined in the Ministry of Health [Data Dictionary](#) and correspond to the relevant fees specified in Schedule 1.

Primary maternity ultrasound services

DC9 Service specification: Primary maternity ultrasound

- (1) A maternity provider who provides an ultrasound scan must provide the following services if a payment for services is claimed:
- (a) conduct an ultrasound scan according to quality standards recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists; and

- (b) conduct an ultrasound scan in accordance with the [New Zealand Obstetric Ultrasound Guidelines 2019](#), available on the Ministry of Health website; and
- (c) ensure that a radiologist or an obstetrician with a Diploma of Diagnostic Ultrasound (DDU) (or equivalent as determined by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) is available to tailor the radiological examination to the clinical situation by:
 - (i) being physically present at the place where the examination is being performed; or
 - (ii) when using teleradiology, being available to review the transmitted diagnostic images before the woman's departure from the place where the scan is conducted; and
- (d) obtain a permanent visual record of the scan; and
- (e) provide the referring general practitioner, midwife, obstetrician or family planning practitioner with a written interpretation of the scan by a radiologist or an obstetrician with a Diploma of Diagnostic Ultrasound (or equivalent as determined by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) in a timely manner.

Defined in this notice: DDU, general practitioner, maternity provider, midwife, obstetrician, radiologist

DC10 Payment rules: primary maternity ultrasound

- (1) This fee may be claimed only if an appropriate referral has been received in accordance with clause DC4(1)(b).
- (2) A code corresponding to the relevant indication in subclause (3) must be stated on both the referral form and on the claim.
- (3) The list of codes for maternity ultrasound scans is available on the [Ministry of Health](#) website and identifies the approved clinical indications for funded ultrasound scans in pregnancy.
- (4) A maternity provider may claim only one ultrasound scan fee per woman per date of service.
- (5) A claim for a subsequent scan requires a new referral in accordance with DC4(1)(a).

Defined in this notice: maternity provider

Schedule 1

	Module	Fees
1	Registration services	
1.1	First assessment, registration and care planning	\$95.00
2	LMC antenatal services	
2.1	First trimester care	\$95.00
2.2	First trimester rural practice and travel supplement	Defined by claim criteria
2.3	Second trimester care – full	\$308.00
2.4	Second trimester care – first partial	\$154.00
2.5	Second trimester care – last partial	\$154.00
2.6	Second trimester rural practice and travel supplement – full	Defined by claim criteria
2.7	Second trimester rural practice and travel supplement – first partial	Defined by claim criteria
2.8	Second trimester rural practice and travel supplement – last partial	Defined by claim criteria
2.9	Third trimester care – full	\$540.00
2.10	Third trimester care – first partial	\$180.00
2.11	Third trimester care – last partial	\$360.00
2.12	Third trimester rural practice and travel supplement – full	Defined by claim criteria
2.13	Third trimester rural practice and travel supplement – first partial	Defined by claim criteria
2.14	Third trimester rural practice and travel supplement – last partial	Defined by claim criteria
2.15	Antenatal additional care supplement	Defined by claim criteria
2.16	Antenatal additional care supplement – partial	Defined by claim criteria
3	LMC labour and birth services	
3.1	LMC first birth	\$1,462.00
3.2	LMC VBAC	\$1,462.00
3.3	LMC subsequent birth	\$1,146.50
3.4	GP/Obs first birth	\$523.00
3.5	GP/Obs VBAC	\$523.00
3.6	GP/Obs subsequent birth	\$400.00
3.7	Home birth planning and supplies	\$400.00
3.8	Home birth planning and supplies – partial	\$300.00
3.9	Planned caesarean attendance	\$407.50
3.10	Labour and birth – exceptional circumstances	\$407.50
3.11	Labour and birth additional care supplement	Defined by claim criteria

	Module	Fees
3.12	Labour and birth rural practice and travel supplement	Defined by claim criteria
3.13	Missed birth – rural	\$700.00
4	LMC postnatal services	
4.1	Postnatal care (in-patient stay) – full	\$644.50
4.2	Postnatal care (in-patient stay) – first partial	\$322.50
4.3	Postnatal care (in-patient stay) – last partial	\$322.50
4.4	Postnatal care (no in-patient stay) – full	\$724.00
4.5	Postnatal care (no in-patient stay) – first partial	\$362.00
4.6	Postnatal care (no in-patient stay) – last partial	\$362.00
4.7	Postnatal additional care supplement – full	Defined by claim criteria
4.8	Postnatal additional care supplement – first partial	Defined by claim criteria
4.9	Postnatal additional care supplement – last partial	Defined by claim criteria
4.10	Postnatal rural practice and travel supplement – full	Defined by claim criteria
4.11	Postnatal rural practice and travel supplement – first partial	Defined by claim criteria
4.12	Postnatal rural practice and travel supplement – last partial	Defined by claim criteria
5	Primary maternity single services	
5.1	First trimester single service	\$75.00
5.2	Urgent single service	\$44.50
5.3	First trimester pregnancy loss	\$125.00
5.4	Second trimester pregnancy loss	\$165.00
5.5	Second trimester pregnancy loss – partial	\$82.50
5.6	Transfer support	Defined by claim criteria
5.7	Rural support	\$556.00
5.8	Second midwife support services	\$556.00
6	Primary maternity ultrasound services	
6.1	Primary maternity ultrasound	\$80.00