



Priority 2 Key Insights | Page 1

Māmā and pēpi receive consistent, quality care during pregnancy and into the early years

What measures and why we are looking at them

The lead measures for this priority focus on three of the five health-related service types within the first 2,000 days – access to lead maternity carers, general practice, and Well-Child Tamariki Ora.¹ The remaining two (Immunisations and Oral health) are covered in other priority reports.² Enrolment is used to represent access and service use. However, it should be noted that enrolment, particularly with lead maternity carers, may not equate to hapū māmā receiving all the health services they need. The underlying measures, also highlighted in this A3, provide insight into relevant areas of the system that impact the lead measures, including geographical distribution of Māori midwives, and GPs with closed books.

The number of **Māori born per year is increasing.** There were **17,700 Māori babies** born in 2024.

The number of **Māori born** each year is estimated to increase to **21,200 in 2043.**

Wāhine Māori are almost three (2.9) times as likely to die by suicide while pregnant or within six weeks after pregnancy compared to NZ European women between 2006-2020.

7% of hapū māmā were first registered with a LMC in their third trimester or postnatally with a LMC in 2016 compared to 16% in 2023

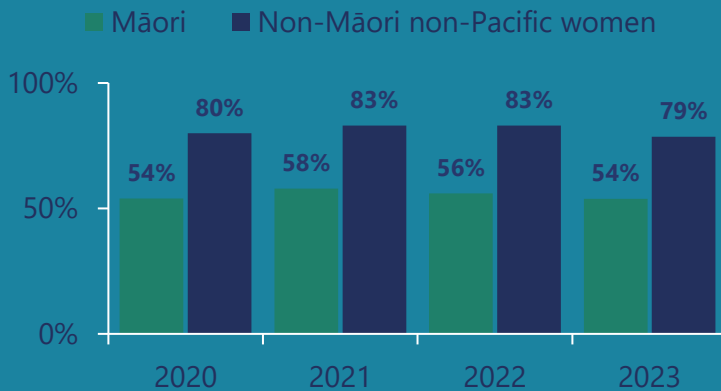
Enrolled with a LMC in first trimester



Māori are less likely to be enrolled in the first trimester than non-Māori non-Pacific women.

Māori were **30%** less likely to be enrolled in first trimester in 2023

Hapū māmā enrolling in their third trimester or postnatally have **increased from 7% in 2016 to 16% in 2023.**



Maternal smoking

Hapū māmā (4.68%) were more likely to smoke through pregnancy than non-Māori non-Pacific women (0.01%).



Maternal smoking rates have decreased significantly between 2021 (1,947 hapū māmā smoked) and 2023 (89 hapū māmā smoked).

Enrolled with a GP at 6-weeks and 3-months

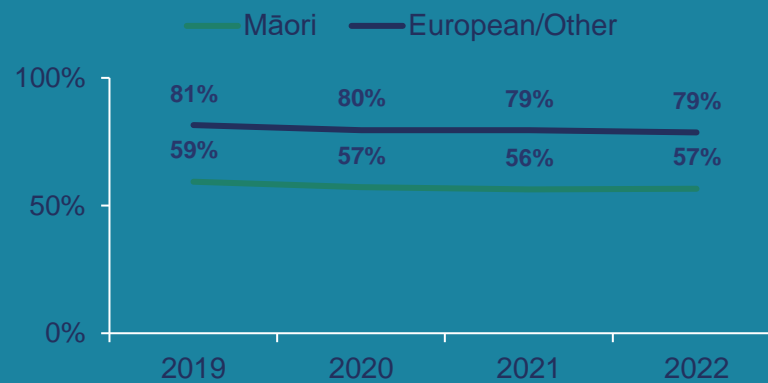


Māori pēpi are less likely to be enrolled with a GP than European/Other babies.

Enrolled with a GP at 6 weeks

57% of Māori aged 6 weeks were enrolled in a GP in 2022

Māori aged 6 weeks were **28%** less likely to be enrolled in a GP



Enrolled with a GP at 3 months

The equity gap for Māori pēpi enrolments persists at 3 months:



67% Māori 3-month-olds enrolled with a GP

97% European/Other 3-month-olds enrolled with a GP

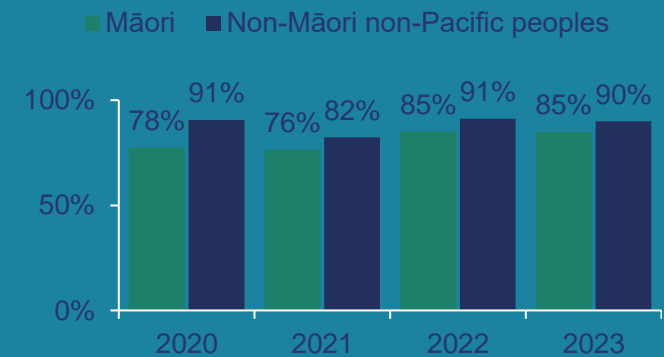
Referred to Well Child Tamariki Ora



Māori pēpi are less likely to be referred to a Well Child Tamariki Ora service from a Lead Maternity Carer. This is improving slightly over time.

85% of Māori were referred to WCTO

Māori pēpi were **6%** less likely to be enrolled in WCTO



Percent of children with no contact

Tamariki Māori were more likely to not have any contact with WCTO compared to non-Māori non-Pacific children. This hasn't changed much over time.



16% Māori Tamariki did not have any WCTO contact in 2023

7% Non-Māori non-Pacific children did not have any WCTO contact



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What are the key system drivers?



There aren't enough Māori midwives in some areas

The Midwifery council NZ recommends a case load of 40-50 births per year for midwives. **In 2023, there were:**

Māori

Midwife : Hapū Māmā

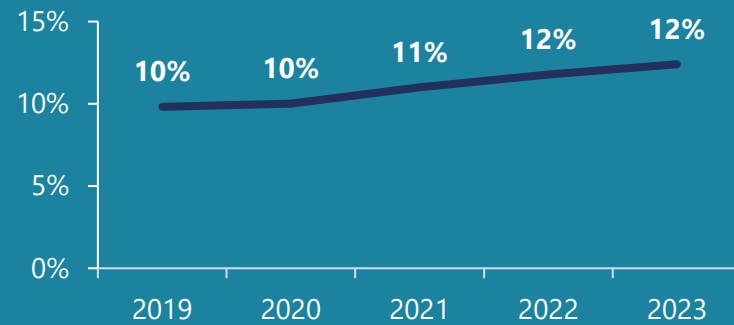
1 : 36

Total

Midwife : Hapū Māmā

1 : 18

The proportion of midwives identified as Māori is increasing over time



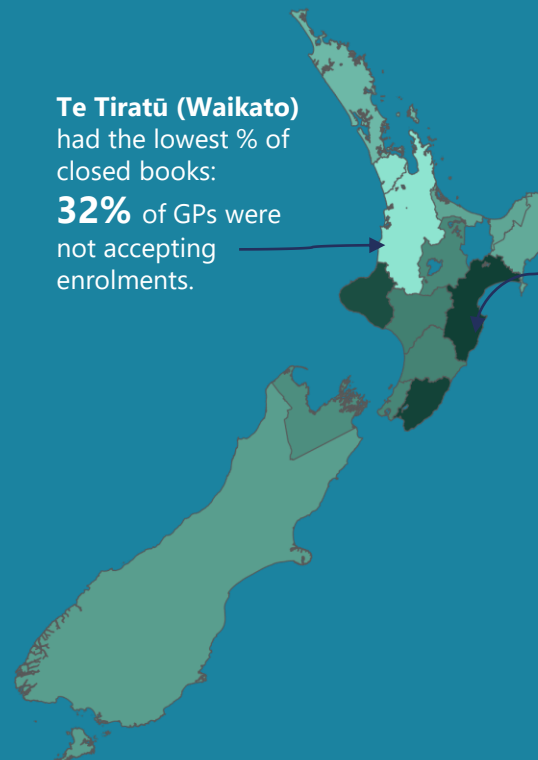
46% of GPs were not accepting enrolments between 2022-2024

Distribution of closed books for GPs by IMPBs in July 2024

Te Tīratū (Waikato) had the lowest % of closed books:
32% of GPs were not accepting enrolments.

Tihei Takitimu (Hawke's Bay) had the highest % of closed books:
79% of GPs were not accepting enrolments.

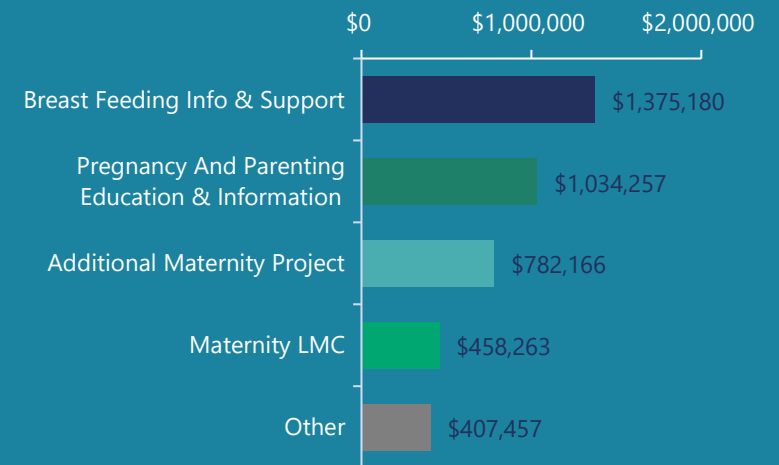
Percent of closed GPs at 11 June 2024



Funding to Māori Providers 2022/23

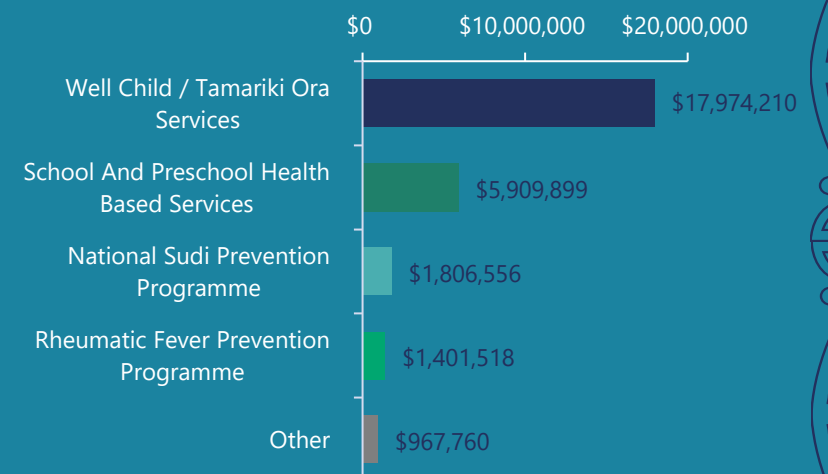
44 Māori providers received **\$3,941,245 for Maternity health/support** (0.5% of funding to Māori providers)

Maternity funding to Māori Providers 2022/23

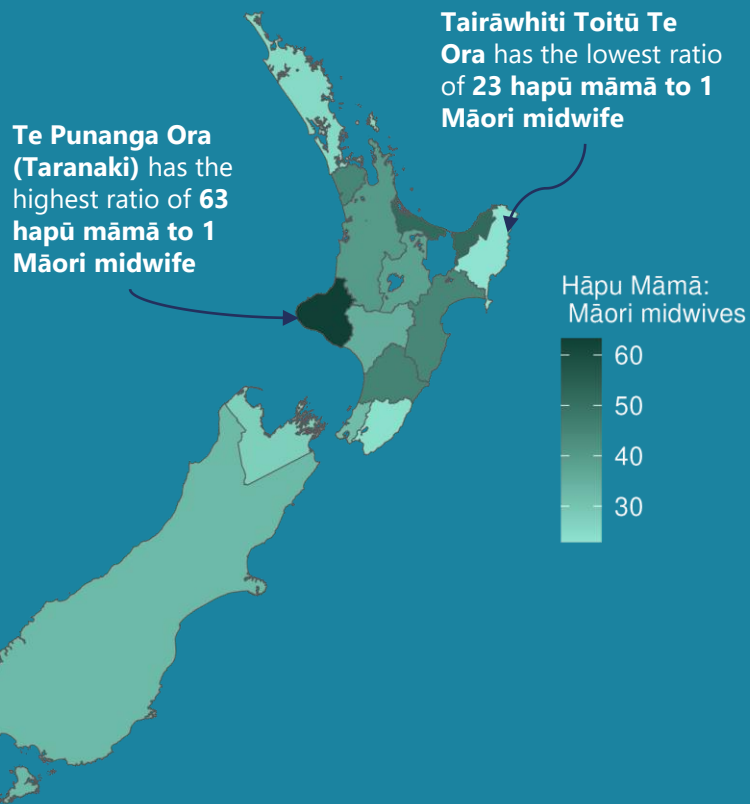


64 Māori providers received **\$28,059,943 for pēpi support** (3.5% of funding to Māori providers)

Child Health and Pēpi Funding to Māori Providers Breakdown 2022/23



Distribution of ratio of hapū māmā to Māori midwives across IMPBs in 2023



Priority 2 System actions and delivery reporting

Māmā and pēpi receive consistent, quality care during pregnancy and into the early years

GPS 2024–2027 Priorities	Te Whatu Ora Actions	Reporting on actions
<p>Access</p> <ul style="list-style-type: none"> Expand access to community-based supports to improve prevention and management of non-communicable diseases, including kaupapa Māori and Pacific-led options. Work in partnership with IMPBs and local communities to ensure primary and community care services are increasingly tailored to better respond to people’s needs, including family and community-based services. Make health sector information available to local communities and IMPBs to support their role in service design and delivery. Expand the choice of whānau-centred and holistic maternity and early years’ services. 	<p>NZHP Draft (1)</p> <ul style="list-style-type: none"> Implement Kahu Taurima integrated Te Ao Māori maternity and early years services and improve outcomes by implementing: <ul style="list-style-type: none"> free clinically indicated maternity ultrasound scans for all disability models of care for disabled parents and whānau welcoming babies with impairments. Implement actions to increase <u>antenatal</u>, childhood and teenage immunisation and achieve the Immunisation Health Target. Increase enrolments with a lead maternity carer. <p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Design and commission Te Ao Māori, whānau-centred and Pacific whānau- centred integrated maternity and early years services. Redesign community-based oral health services for children so they are responsive to Māori whānau and Pacific aiga to reduce the inequity of access and outcomes. Improve access and consistency of access to neonatal retinal screening for premature babies. Ensure national consistency and increased access to urgent oral surgery for children. Improve access and consistency of access to neonatal retinal screening for premature babies. Design immunisation and Well Child Tamariki Ora services that work for Māori and build off a strongly integrated maternity service. 	<p>Kahu Taurima Maternity and Early Years (3)</p> <ul style="list-style-type: none"> Whānau will be able to access care from pre-conception through to their child’s fifth birthday from interprofessional and connected teams who reflect the communities they serve. The model of care these teams work within, will be designed to ensure the health and wellbeing needs of whānau are being addressed, including a maternal mental health pathway. Commission Hauora Māori partners to deliver maternity and early years services where mātauranga Māori sets the foundations of hauora Māori. By having more Hauora Māori Partners who provide a range of care that is culturally responsive, whānau are more likely to access the support they need and talk about any health concerns with a trusted provider, at an early stage. Reset funding and commissioning of maternity and early years services, to allow localities to organise services using their local strengths and aspirations. More whānau will have access to te ao Māori and Pacific solutions and integrated, whānau-centred care and support in communities, with those services being determined, delivered, and governed by Māori.
<p>Timeliness</p> <ul style="list-style-type: none"> Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe. Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the health system. Diversify people’s entry points into the primary and community health care system, to ease acute wait times, and support more point of care diagnostic testing for putting people on the care pathway they need sooner. 	<p>NZHP Draft (1)</p> <ul style="list-style-type: none"> Develop responsive health promotion campaigns, resources and initiatives to encourage healthy behaviours around food, physical activity, mental wellbeing, and reducing alcohol, smoking and vaping uptake, that supports raising healthy kids and responds to the needs of Māori, Pacific, <u>maternal</u>, and people with disabilities. Implement Kahu Taurima integrated Te Ao Māori maternity and early years services and improve outcomes by ensuring timely access to antenatal and newborn screening programmes. <p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Redesign the universal model of care, working with LMCs and Well Child Tamariki Ora providers to implement a more flexible and responsive model. 	
<p>Quality</p> <ul style="list-style-type: none"> Strengthen clinical and lived experience networks in key service areas to support national and regional leadership, knowledge gaps, and quality improvement. Improve data on communities, including data collection, reporting, monitoring and sharing for providers and treaty partners and enable outcomes to be monitored by ethnicity, gender, age, rurality, and disability. Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice 	<p>NZHP Draft (1)</p> <ul style="list-style-type: none"> Implement Kahu Taurima integrated Te Ao Māori maternity and early years services and improve outcomes by implementing: <ul style="list-style-type: none"> new sustainable community maternity service models and contracting arrangements the new child growth and development schedule. <p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Provide education and resources to providers for the care of disabled parents and parents welcoming babies with impairments, aligned with the principles of Enabling Good Lives. Provide wrap-around support for wāhine hapū antenatal and birthing care, including identifying ways to provide longer-term intervention and prevention services. Develop whānau-orientated interventions that provide intensive support for maternity and the early years. 	<p>Kahu Taurima Maternity and Early Years (3, 4)</p> <ul style="list-style-type: none"> Hauora Māori partners across the country will develop Te Ao Māori Models of Care for maternity, child growth and development, and deliver a range of initiatives including developing telehealth pathways, a maternal mental health and wellbeing assessment tool, strengthening the Māori midwifery and child growth development nursing workforce, and developing educational programmes. Commission new integrated, interprofessional, culturally tailored maternity and early years’ service delivery models. These models will contribute to achieving consistency in national service delivery while enabling local tailoring to support whānau aspirations and goals. To do this, we will work with whānau, communities, partners, and service providers across the motu. Providers of maternity and early years care to disabled parents and parents welcoming babies with impairments will have the knowledge, skill and resources to provide the best possible care that aligns with the ‘Enabling Good Lives’ principles. Develop more te ao Māori solutions, to increase the range of options available to whānau to ensure they have culturally responsive, safe and accessible care.

GPS 2024–2027 Priorities	Te Whatu Ora Actions	Reporting on actions
<p>Workforce</p> <ul style="list-style-type: none"> Improve access to domestic training pathways to deliver a culturally competent and home-grown workforce that better reflects the population of New Zealand as a whole. Develop leadership programmes, including investing in aspiring Māori health leaders and rangatahi, as well as Pacific peoples and disabled people. Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration. 	<p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Extend the Well Child Tamariki Ora Enhanced Support Pilots as part of these integrated care models. 	<p>Te Ara ō Hine – Tapu Ora (6)</p> <ul style="list-style-type: none"> \$6 million in funding to support the success of Māori and Pacific students through midwifery over five years (2021–2026). There is also a discretionary hardship fund for students who need help with costs such as transport to patient appointments and births, childcare which they would often have to organise at short notice and support to attend nationwide hui and fono for networking.
<p>Infrastructure</p> <ul style="list-style-type: none"> Continue to progress digital initiatives to enable care closer to home Enable flexible and adaptive decision-making on emerging technologies such as precision health, nanotechnology, artificial intelligence and medical devices, for example by updating evaluation frameworks (including the Health Technology Assessment). 	<p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Extend the Well Child Tamariki Ora Enhanced Support Pilots as part of these integrated care models. 	<p>Kahu Taurima Maternity and Early Years (3, 4)</p> <ul style="list-style-type: none"> Kahu Taurima will enable localities as they are established, allowing whānau have a greater say in the services that work for their communities. Contracts have been issued to 40 community-based hauora Māori partners as part of the Kahu Taurima programme to deliver Te Ao Māori Models of Care and other initiatives that will improve maternity and early years services for māmā, pēpi and whānau.

Case Study: Evidence of Critical Factors for Child Wellbeing in First 1,000 Days ^(3, 5)

<u>Background</u>	<u>Opportunities for Action</u>		
<p>The first 1000 days of a child’s life (from conception until the end of the second year of life) are critical for setting wellbeing trajectories. During this time, children’s wellbeing is largely dependent on their parents, immediate families and whānau providing the best environments for children to grow and thrive.</p> <p>Research procured from the Social Wellbeing Agency Toi Hau Tāngata has summarised existing evidence on the relationship between aspects of parental, family, child, and whānau wellbeing in early childhood. While this summary focused on the first 1,000 days of life, the evidence highlighted is relevant to Kahu Taurima’s mission of overseeing the first 2,000 days of life for all whānau in Aotearoa New Zealand. This is one of three priorities for the Government.</p> <p>The identified opportunities that came from this evidence can be divided into six distinct categories, seen to the right. The overarching/recurring opportunities highlighted in the evidence were as follows:</p> <ul style="list-style-type: none"> Take a whānau/family approach to support and interventions by including partners and other family in the household Stressors cluster – target families with multiple stressors in their lives Informal and formal support are crucial for children’s resilience Some groups need more support navigating to and between services Service access is not well matched to need <p>The data/statistics that inform these opportunities comes from the Growing up in New Zealand (GUINZ) cohort.</p>	<u>External Stressors</u>	<u>Insecure Housing</u>	<u>Barriers to Accessing Health</u>
	<u>Routine Screening</u>	<u>Māmā Diet</u>	<u>Multigenerational Whānau</u>
	<p>Reducing external stressors (eg violence, family stressors). Realising these stressors early through screening for inter-parental conflict is useful when making targeted interventions.</p> <p>Informal support coupled with formal support is crucial for children’s resilience when families do experience persistent stressors over the child’s first 1,000 days.</p>	<p>Consider options such as rent-to-own or rent-for-life so families can have more control over their environments and stability for their children.</p>	<p>Reconfigure the delivery of health services (eg immunisations) to be whānau-centred.</p> <p>Providing a navigator to assist between transitioning between services are useful to families who are less connected to their wider families and current health services.</p>
	<p>Introduce routine screening early and throughout pregnancy for all mothers during antenatal appointments.</p> <p>Extend screening to partners by welcoming partners to antenatal appointments or offering a tailored antenatal appointment to partners.</p>	<p>Targeting partners and wider family/whānau behaviours may be more effective for maternal behaviour change.</p> <p>Simplifying nutritional guidance and providing consistent guidance via trusted sources could increase adherence to recommendations.</p>	<p>Multi-generational families should be a prominent consideration when developing strategies to support families to improve child wellbeing.</p> <p>Language may be a barrier to engagement. Services need to be constantly reviewed to keep up with demographic trends.</p>