

Frequently asked questions for health professionals about the Maternal Morbidity Working Group

1. What is the Maternal Morbidity Working Group?

The Maternal Morbidity Working Group (MMWG) is a working group of the Perinatal and Maternal Mortality Review Committee (PMMRC), which is appointed under section 59e of the New Zealand Public Health and Disability Act 2000 ('the Act') by the Health Quality & Safety Commission (the Commission).

The wider functions of mortality review committees are set out in section 59e(1)(a) and (b) of the Act.

The MMWG reports to the PMMRC. The legislative responsibilities that apply to the PMMRC apply to the MMWG and any people involved in maternal morbidity reviews.

The MMWG is required to review and report to the PMMRC on maternal morbidity and quality improvement initiatives.

The vision of the MMWG is 'better outcomes for mothers in New Zealand'. Its aim is 'to improve the quality and experience of maternity care for women, babies and whānau, informed by robust, consistent, reportable and women-centred maternal morbidity review.'

2. What will the MMWG do with the information provided to it?

The MMWG is establishing regional panels (Northern, Midland, Central and South Island) to review severe maternal morbidity cases. The panels will consist of clinicians involved in maternity care (including midwives, obstetricians, anaesthetists, intensivists and general practitioners) and maternity quality and safety consumer representatives.

The goal of the panels is to identify improvements in the care of pregnant or recently pregnant women. These improvements will be developed into recommendations for quality improvement initiatives in partnership with district health boards and other strategic maternity groups, such as the National Maternity Monitoring Group. The panels will focus on systems and processes rather than on individual clinician performance.

The MMWG is being told by hospitals of cases (called 'notifications') of all pregnant or recently pregnant (within 42 days of delivery) women admitted to intensive care units or high dependency units. Some of these cases will be selected for further regional panel review.

For 2016, the MMWG is focusing on cases involving severe infection (sepsis) and unplanned operations where the woman's womb is removed during labour

(peripartum hysterectomy). Approximately 60 maternal morbidity cases across New Zealand are expected to be reviewed each year.

The MMWG will publish its findings in a chapter in the PMMRC's annual report. The chapter will include numbers of notifications, themes from reviews, potential quality improvement initiatives, examples of high-quality care and stories about women's experiences.

3. What is the MMWG's authority to ask for information?

Under Clause 2 of Schedule 5 of the Act, the mortality review committees (including the PMMRC, of which MMWG is a subgroup) are given the legal power to 'by notice in writing to any person, require the person to give the committee information in the person's possession, or under the person's control, and relevant to the performance by the committee of any of its functions'. Examples of information the MMWG is empowered to request under Clause 2(2) include 'patient records, clinical advice and related information'.

4. But isn't this a breach of the Privacy Act?

No, because of Clause 2 of Schedule 5 of the Act, people can provide the information the MMWG asks for without breaching the Privacy Act 1993 or the Health Information Privacy Code 2004. This is because section 7(1) of the Privacy Act specifies that, despite the rules in that Act that limit the disclosure of personal information, another Act (eg, the New Zealand Public Health and Disability Act 2000) may authorise the disclosure of personal information.

Only members and agents of the MMWG will have access to the identifiable information provided. These agents are bound by a confidentiality agreement and will be fined up to \$10,000 and receive professional disciplinary action if they disclose identifiable information (in accordance with section 59e of the Act). The MMWG also has strict security processes for handling and storing information, whether electronic or in hard copy.

To safeguard individuals' information, the MMWG is limited in what it can do with the information it is provided. Schedule 5 of the Act sets out very tight confidentiality obligations of mortality review committees and their working groups. The MMWG will not use the information provided to it in any manner that could identify any individual (clinicians or patients).

5. Is the MMWG or are professionals obliged to inform the family/whānau of the woman whose case is being reviewed?

No. The Act does not expressly require or prohibit contacting the women or their family/whānau to tell them of the review.

The MMWG will attempt to contact each woman whose case is selected for review to give her the opportunity to share her experience. The MMWG values the woman's story because it provides context to the care she received. This contact will be made



in a safe and respectful way and will follow a protocol designed in collaboration with consumer representatives.

For further information about the MMWG or the PMMRC, please see www.hqsc.govt.nz/our-programmes/mrc/pmmrc.

For further information regarding disclosure of information, please see Sections 4 and 5 of Schedule 5 of the Act
www.legislation.govt.nz/act/public/2000/0091/latest/DLM82828.html.

