Accessible transcript – PMMRC webinar 2023: Equitable access to necessary health care — Pregnancy ultrasound

Link: <https://www.youtube.com/watch?v=7PtFEQgriOk>

**Visual: The video begins with an image of the Te Tāhū Hauora Health Quality & Safety Commission logo in white against a dark blue background. The logo is replaced with the words, ‘Ka awatea: A new dawn. PMMRC recommendations in action webinar. 8 June 2023.’ After a few seconds, the text changes to, ‘Equitable access to necessary health care: Pregnancy ultrasound, Claire MacDonald, New Zealand College of Midwives’. After a few more seconds, the screen changes to show a head and shoulders video of Jo Sorasio, Senior specialist advisor, PMMRC. She has long brown hair and dark-rimmed glasses.**

Audio: [Jo] This recommendation also talks about ensuring care is accessible and appropriate. We've got Claire MacDonald, who is a member of the PMMRC, and has been since 2019. She's a midwife and midwifery advisor for Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa, the New Zealand College of Midwives. She's been a member of a number of development groups for a number of recent national maternity guidelines, and I could read them all out, but we may be here until well past three. So, what I do want to say, though, Claire, is that you have a strong interest in working towards equitable health outcomes, not just outputs, and that's really important. So, I am going to hand over to you to talk a wee bit more about that accessible and appropriate care.

**Visual: The slide changes to one with a dark blue and purple gradient background. In the upper-left corner is the New Zealand College of Midwives logo. In the middle of the screen is a video of Claire MacDonald. She has blond hair in a plait to one side of her head and dark-rimmed glasses.**

Audio: [Claire] Kia ora. So, I've got some slides to show you, and I'm getting a little message to say my internet connection …

**Visual: The video of Claire shrinks to the upper-right corner of the screen. The rest of the screen is filled with a PowerPoint presentation slide in Te Tāhū Hauora branding. The title reads, ‘Equitable access to necessary health care. Pregnancy ultrasound.’**

Audio: [Claire] … is unstable despite having full bars on my Wi-Fi. So, I do apologise if this is in any way interrupted. Normally there are no problems with that. So, I am just going to follow on from really where Violet left off. And Violet touched on the importance of midwifery continuity of care, which is an evidence-based model that has been demonstrated to improve outcomes. But midwives in the community also need their clients to be able to access the other aspects of the maternity service that they need for their care, and one of those is ultrasound scans. And this has come up a number of times through the guidelines work that I've been involved with. We've had many discussions about not only what the recommendations for frequency of ultrasound are but also how are we going to ensure as a system, when these guidelines are implemented, that whānau, women, people have access to these ultrasound scans.

So, this is partly to let you know about the latest guidance in relation to ultrasound and also just to look at what is happening to support access and what needs to happen.

**Visual: The slide changes to one titled, ‘PMMRC recommendation 2012’. Below this are the following words: ‘If small for gestational age is confirmed by ultrasound at term, timely delivery is recommended. (Sixth Annual Report, reiterated in 14th and 15th reports)’. Below this is a link to the 15th PMMRC report on the Te Tāhū Hauora website.**

Audio: [Claire] So this goes back in the PMMRC to 2012, which talked about SGA babies when they’re confirmed by ultrasound. Birth at a timely — in a timely manner is recommended to prevent stillbirth.

**Visual: The slide changes to one titled, ‘New Zealand Obstetric Ultrasound Guidelines’. The Manatū Hauora Ministry of Health logo is in the upper-right corner of the slide. Below this is the subtitle, ‘Routinely recommended pregnancy screening scans’. Below this is another subtitle, which reads, ’12–13+6 week scan’. Below this reads, ‘Early anatomy ± NT assessment’. Below this is another subtitle that reads, ‘19+ weeks’. Below this reads, ‘Second-trimester anatomy scan’.**

Audio: [Claire] So various different guidelines speak to this, but this is just to show you how many indications for ultrasound there are. In New Zealand, we have the New Zealand Obstetric Ultrasound Guidelines that were published in 2019, and they came out of the recommendations of the Maternity Ultrasound Advisory Group that were set up a couple of years earlier. So, there's the nuchal translucency and early anatomy at around 12 to 13 weeks, and then the anatomy scan at 19 to 20 or so weeks, and those are the two scans that are offered to every woman and person who's pregnant.

**Visual: Slide changes to one with the same title as the previous slide, but the subtitle now reads, ‘Clinically indicated scans’. Below this are three sub-headings with bullet points underneath them. The sub-headings read, ‘First trimester’, ’16–24 weeks’ and ‘third trimester’.**

Audio: [Claire] And then we have the clinically indicated ultrasound scans, and I'm not going to read these, but this just gives you an indication of the large number of potential reasons that someone might need a scan during the pregnancy.

**Visual: The slide changes to one with an image of the cover of the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines). Beside this, on the right are two bullet points that read, ‘Multiple conditions require USS for diagnosis prior to obstetric referral’ and ‘New antenatal SGA and FGR criteria’. Below these bullet points is a link to the Te Whatu Ora website page for this document.**

Audio: [Claire] The latest iteration of the referral guidelines has multiple conditions that require ultrasound scans for diagnosis prior to or subsequent to obstetric referral, and also the new small for gestational age and foetal growth restriction criteria rely on ultrasound for that diagnosis and then the consultation.

**Visual: The slide changes to one titled, ‘SGA and FGR: new national guideline’. Below this are six bullet points that read: Funded and led by ACC; Publication pending: Te Whatu Ora; Will underpin GAP and GROW; Ultrasound is a key screening and diagnostic tool; Ultrasound indications for risk factors and clinical findings; and Scarce valuable resource: must be used judiciously.**

Audio: [Claire] A new national guideline is also shortly to be published. It was funded and led by ACC and will be published by Te Whatu Ora. And this is on small for gestational age and foetal growth restriction. It will underpin and change the current practice recommendations that are in the GAP and GROW programme. And as I've said, ultrasound is a key screening and diagnostic tool for foetal growth during the pregnancy. What we know from the PMMRC data is that being small for gestational age towards the end of pregnancy increases the risk of stillbirth quite substantially, and all of the data has shown that over the many years we've been providing reports.

But it also recognises that this is a scarce and valuable — a very limited resource, and we need to use this judiciously. So, the hope from this guideline is that it will give a better indication of who needs scans and who doesn't for growth.

**Visual: The slide changes to one titled, ‘Challenges to address’. Below this are four bullet points that read: Cost/funding, Location (transport and travel time), Availability of timely appointments and Overuse of limited resource – need to focus on clinically indicated scans.**

Audio: [Claire] There are a number of challenges [inaudible] which should be free of charge to the woman or person accessing the service. We don't have free access to ultrasound scans in the community, certainly not in every area. So cost is a barrier. Location. Certainly, if you live in some rural areas, some provincial towns, there's a lot of transport and travel time to get to an ultrasound provider. Timely appointments can be a problem, and that is partly in some areas because of overuse of a limited resource. And we really do need to be focusing on clinically indicated scans, not scans for checking the baby, because you know, that's what somebody wants to see. And we are seeing a bit of a growth in the commercial use of ultrasound.

**Visual: The slide changes to one titled, ‘Supporting access to USS: current examples’. Below this are three subheadings with bullet points underneath them. The three subheadings are, ‘Te Whatu Ora districts’, ‘Community (private) providers’ and ‘Referrers’. Claire speaks to the bullet points below each of these.**

Audio: [Claire] So in terms of current examples around supporting access to ultrasound, some Te Whatu Ora districts are funding scans for community services cardholders. Some are funding scans for women living with deprivation who don't have a community services card. And some are providing petrol vouchers to support access to distant ultrasound services. To be clear, what I'm talking about in terms of the cost and funding is that community ultrasound is broadly provided by private providers who have a subsidy from the Section 88 contract, the maternity contract that midwives also claim under, but that doesn't cover the full cost of ultrasound scans. So, there is a co-payment that ranges from $40 up to well over $100 for any given ultrasound. So, the private providers in some areas are waiving the co-payment for Community Services cardholders. And we would ask that, you know, one of the ways that private providers can consider how they increase the accessibility is only providing clinically indicated ultrasound that comes with a referral from a clinician. And for referrers, we're asking that you really consider the reason that you're referring for ultrasound. And go back to that guidance that I've just covered. You know, make sure that each scan is truly indicated, so that we're not using up these appointments in our limited workforce for scans that are not needed.

**Visual: The slide changes to one titled ‘Key messages’. Below this are four bullet points that read: Priority: equitable access to clinically indicated USS; We need a national strategy to support consistency across the motu; We need government to recognise all aspects of maternity care which contribute to safe outcomes; Not just about funding, also about creative solutions – mobile USS?.**

Audio: [Claire] And, you know, unnecessary scans carry their own sequelae, which can be problematic. So, the key messages are really that while I've highlighted some of the local solutions that are being sort of used as a bit of a patchwork way of trying to block up, you know, the inequities that we have, actually, we need government strategy to recognise that all aspects of maternity care which contribute to safe outcomes are necessary and need funding. We need a national strategy to look at that for consistency across the motu. And our priority must be equitable access to clinically indicated ultrasound. You only need to look at some of the MQSP reports to see that we are not seeing the same access to ultrasound in every region or among every ethnicity.

And just as a final note, this is not just about funding, but it's also about what we could consider in terms of creative solutions like mobile ultrasound provision, but I will leave that for you guys to ponder and just thank you for your time today having a think about this particular issue.

**Visual: The head and shoulders video of Jo Sorasio fills the screen again.**

Audio: [Jo] Thank you, Claire. I feel like that is quite an important topic for a lot of people here, so thank you for talking a bit about it.

**Visual: The screen changes to show the Te Tāhū Hauora Health Quality & Safety Commission logo in white against a dark blue background. After a few seconds, the logo is replaced with the Te Kāwanatanga o Aotearoa New Zealand Government logo in black against a white background.**

**The video ends.**