

## Have you got support?

The death of a baby or mother is a difficult time for all involved and we encourage you to seek support. These are just a few examples of people or organisations that you could go to for help or advice:

- friends, family and whānau
- kuia or kaumātua
- your midwife, nurse or doctor
- spiritual advisor, chaplain, pastor or minister
- funeral director
- the mental health services of your local DHB
- Sands (Stillbirth and Newborn Death Support) - [www.sands.org.nz](http://www.sands.org.nz)
- Kidshealth - [www.kidshealth.org.nz](http://www.kidshealth.org.nz)
- Skylight - 0800 299 100 or [www.skylight.org.nz](http://www.skylight.org.nz)

## Do you want to contact the PMMRC?

Please do not hesitate to contact us if you have any questions or concerns:

### Perinatal and Maternal Mortality Review Committee

Health Quality & Safety Commission  
PO Box 25496, Wellington 6146  
Telephone: 04 901 6060  
Email: [info@hqsc.govt.nz](mailto:info@hqsc.govt.nz)

If you would like more information or background reading, see the PMMRC section on the Health Quality & Safety Commission's website: [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

The names and contact details of our local coordinators are on the website.

### More resources

If you want more copies of this pamphlet please contact us.

### Other resources available:

- Pānui for post-mortem examination



**Te Kāwanatanga o Aotearoa**  
New Zealand Government



**HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND**  
*Kupu Taurangi Hauora o Aotearoa*



**Perinatal and  
Maternal Mortality  
Review Committee**

*He matenga ohorere, he wairua uiui,  
wairua mutungakore*

Information about the  
**Perinatal  
and Maternal  
Mortality  
Review  
Committee**

August 2022

*The Perinatal and Maternal Mortality Review Committee extends its deepest sympathy to all family and whānau whose loved one has died.*

## Who are we?

The Perinatal and Maternal Mortality Review Committee (PMMRC) is set up under the Pae Ora (Healthy Futures) Act 2022 (the Act). Members are appointed by the Health Quality & Safety Commission and bring a wealth of experience. They include people from midwifery, nursing, obstetrics, paediatrics, pathology, anaesthetics, general practice, consumer groups and Māori communities.

More information about the members and the Committee in general can be found at the Commission's website: [www.hqsc.govt.nz/our-programmes/mrc/pmmrc](http://www.hqsc.govt.nz/our-programmes/mrc/pmmrc)

## What do we do?

The PMMRC's primary function is to review and report to the Commission on perinatal and maternal deaths in New Zealand.

- We define a perinatal death as one which occurs when a baby dies at 20 weeks of pregnancy up to 28 days after birth.
- We review deaths of mothers in pregnancy to six weeks after birth.

## Where can you go for information?

The best person to talk to is your midwife, doctor or another person who provided care. If a coroner has been involved you can also ask them for information.

## How do we collect information?

When a baby or mother dies, the midwife, doctor or other health professionals complete forms with detailed information on both the mother and baby.

As well as filling out the forms, a local group will review a death and send extra information to the PMMRC. By law, this information must be treated in the strictest of confidence.

In every region, we have local coordinators who are legally appointed agents of the PMMRC (their names are listed on our website). These agents can collect information and are governed by our strict confidentiality rules.

All the information is gathered on a database and reviewed by the PMMRC, which uses this information as a basis for its annual reports. The reports contain recommendations to the Commission on how to reduce the number of perinatal and maternal deaths in New Zealand.

## What are we looking for?

When reviewing the information, the PMMRC considers:

- anything that contributed to the death which may be preventable
- any systems, processes or policies that need changing
- more ways to keep mothers and babies safe
- areas where more research is needed
- other ways to improve the support given to families.

## Can you send us information?

The law requires us to keep all information we gather private – so we do not report on individual deaths. This also means we cannot share information we have with anyone else including members of the family, midwives, doctors or other organisations unless the Minister of Health gives us special instructions to do so. If you would like to contribute information please feel free to do so (our contact details are over the page).

## How do we keep information safe?

All our information is stored on a secure database. Specific information provided to the PMMRC is treated as strictly confidential.

Any information that is published by the PMMRC (in the annual reports) is grouped and individuals are not identifiable.

## What do you do if you have a complaint?

The PMMRC does not respond to complaints. If you want to make a complaint about the quality of care you received please contact one of the following:

- your midwife, doctor or other health professional
- the manager or complaints department of the place that provided your care
- the Health and Disability Commissioner (Phone 0800 11 22 33).