

Understanding maternal birth injury cover for physiotherapists

DATE: 9 February 2023



**He Kaupare. He Manaaki.
He Whakaora.**
prevention.care.recovery.



Welcome / Introduction

By the end of this session, you will be more familiar with the Maternal Birth Injury changes that occurred on 1 October 2022

Short presentation, key points from panel members, open to Q&A

Our panel includes:

- Shaun Westhead - registered physiotherapist and Product Owner for the Maternal Birth Injuries initiative at ACC
- Dr Melissa Davidson – specialist pelvic health physiotherapist
- Maumahara Keelan (Ngāti Porou, Te Whānau-ā-Apanui, Whakatōhea) – representative of Tae Ora Tinana and a practicing Māori physiotherapist

Housekeeping



Karakia

ACC
ACCIDENT COMPENSATION CORPORATION
Te Kaitiaki Take Kōwhiri

Whāia, whāia
Whāia te tika
Whāia te pono
Whāia te aroha
Mō te oranga tāngata
Kia puta ki te whai ao,
Ki te ao mārama
Haumi e, hui e, tāiki e.

ACC's Purpose Karakia can be used to begin and end meetings and can be interpreted as follows:

Striving to do what is right
Undertaking to act justly
Being considerate of everyone
That it may improve the lives of all

Maternal birth injuries cover

ACC is not replacing existing maternal care services


Legislation expands cover:

- 12 maternal birth injuries
- Will improve scheme equity
- Took effect from **1 October 2022**
- Consequential injuries included
- Review process for primary injury list

Not retrospective – date of injury is date of birth

- Does not cover pēpi (babies) injured during birth
- Existing treatment injuries cover continues

Version
as at 1 October 2022



Accident Compensation Act 2001

Public Act 2001 No 49
Date of assent 19 September 2001
Commencement see section 2

Act name: substituted, on 3 March 2010, by section 5(1)(a) of the Accident Compensation Amendment Act 2010 (2010 No 1).

Contents

		Page	Version as at 1 October 2022
1	Title	Schedule 3A	Accident Compensation Act 2001
	Part 1		
	Preliminary provisions		
2	Commencement		
3	Purpose		
4	Overview		
5	Act to bind the Crown		
5A	Transitional, savings, and related provisions		
6	Interpretation		
7	Acute treatment		
8	Cover		
9	Earnings as an employee: what it means		
10	Earnings as an employee: payments to spouse		
11	Earnings as an employee: what it does not include		
		Schedule 3A	
		Maternal birth injuries	
			s 25(1)(f)
			Schedule 3A: inserted, on 1 October 2022, by section 18 of the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Act 2022 (2022 No 51).
		Birth injuries	
		Anterior wall prolapse, posterior wall prolapse, or uterine prolapse	
		Coccyx fracture or dislocation	
		Levator avulsion	
		Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethra	
		Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)	
		Obstetric haematoma of pelvis	
		Post-partum uterine inversion	
		Pubic ramus fracture	
		Pudendal neuropathy	
		Ruptured uterus during labour	
		Symphysis pubis capsule or ligament tear	

What's covered?

The AC Act 2001 lists the following injuries as maternal birth injuries:

- Anterior wall and posterior wall prolapses
- Coccyx fracture or dislocation
- Labial, vaginal, vulval, clitoral, cervical, rectal, & perineal tears
- Levator avulsion
- Obstetric fistula (incl. vesicovaginal, colovaginal & ureterovaginal)
- Obstetric anal sphincter injury tears and urethral tears
- Obstetric haematoma of pelvis
- Post-partum uterine inversion
- Pubic ramus fracture
- Pudendal neuropathy
- Ruptured uterus during labour
- Symphysis pubis capsule or ligament tear
- Uterine prolapse

What do I need to know?

- Cover extends to injuries incurred on or after **12am 1 October 2022**
- This change can mean increased options for your patients with **funding/support change**
- **Clinical care** remains the priority
- Since 1 October, most claims have been lodged through hospitals, however we are starting to see patient claims through other settings

What parents told us

Our customer insights team undertook a piece of qualitative research and some of the themes that were raised were:

- In many cases, and for many reasons (including but not limited to cost, distance, availability, knowledge, referrals, time), it took the injured parents a long period of time before they were able to get medical attention to support their recovery.

“...everyone wants to see the baby, bring the baby gifts, hold the baby [...]”

having someone looking at me saying “how are you?”, that’s a huge deal”

Birthing Parent, 2022

Maternal birth injury – quick guide

1 of 2 →

PROVIDER QUICK GUIDES
COVER FOR MATERNAL BIRTH INJURIES

Understanding maternal birth injury cover

Read time: 3 mins

Our personal injury cover includes maternal birth injuries (MBI) as accidents, for injuries that occur on or after 1 October 2022. This allows birthing parents with accepted claims to access ACC-funded treatment, support, and care to help in their recovery.

What's covered

- Our legislation lists specific primary maternal birth injuries which can be covered as accidents if they occur after 12.00am on 1 October 2022.
- Birthing parents can be considered for further cover if they suffer a mental injury or any other physical injury caused by a covered maternal birth injury.
- Other injuries not listed in the legislation may be considered for cover as treatment injuries where clinically appropriate. For example, an infection in an abdominal wound following a caesarean section could be considered as a treatment injury claim.
- Maternal birth injury cover doesn't include injuries to pēpi/babies, but ACC cover for treatment injury remains an option for them.

Making a claim for a maternal birthing injury

If your client or patient has had one of the listed injuries during labour or childbirth (after 12.00am on 1 October 2022), and you think they will benefit from ACC support, complete and submit an ACC45 or ACC46 form.

If you're a midwife, our quick guide for midwives provides more information about how to lodge a claim; see acc.co.nz/maternalbirthinjuries

To help us make faster cover decisions, the completed ACC45/ACC46 should include the following:

- When the accident happened as the date the birth occurred
- Injury diagnosis is one of the correct read codes (see examples overleaf). Please list the underlying injury (eg fourth degree tear) and not the symptom (eg urinary incontinence)
- Include 'MBI' or 'maternal birth injury' in the additional injury comments field
- If you're a doctor or nurse practitioner, fill out Part E (Work Capacity). Otherwise leave it blank
- Complete all other sections fully including your client/patient's declaration.

2 of 2 ✓

PROVIDER QUICK GUIDES
COVER FOR MATERNAL BIRTH INJURIES

Who can lodge a maternal birth injury claim?

Practitioners registered with us can lodge claims for clients or patients who have covered injuries within their area of practice. If your patient has an injury outside your claim lodgement ability, you'll need to refer them to another registered provider who can lodge it on their behalf.

The table below shows the listed injuries and which practitioners can diagnose and lodge claims for them. For a full list of read codes see acc.co.nz/read-codes. Using SNOMED codes? See the diagnosis codes section on acc.co.nz/maternalbirthinjuries.

Covered maternal birth injuries	Health practitioners who can lodge claims (if registered with ACC)										Example Read codes
	GP	OB/GYN	NP	RN	UR	PHPT	PT	CH	OS	MW	
Anterior wall prolapse, posterior wall prolapse, or uterine prolapse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Z... code
Coccyx fracture or dislocation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ L340; L341; L342; L343; L3540; L353.
Levator avulsion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Kyu92; K52; K5217; K5212; K5207
Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethra	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L345; L357.
Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N855; O712 (ICD10)
Obstetric haematoma of pelvis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S1320; S1321; S1322
Post-partum uterine inversion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	SJ6x2; SJ7x.
Pubic ramus fracture	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L351.
Pudendal neuropathy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L356; S138.
Ruptured uterus during labour	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Symphysis pubis capsule or ligament tear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Information for your clients/patients

Our website includes information for clients/patients who may need extra support, including links to a range of resources and organisations who can help.

Information for practitioners

Our website has information for health providers including:

- Links to quick guides
- Background information to the change
- What's covered & what's not
- Who can lodge
- Links to information for
 - Parents and whānau
 - Specific provider groups

www.acc.co.nz/maternalbirthinjuries



Information for parents and whānau

The birth of a pēpi (baby) is a life-changing moment for you and your whānau, but it can also lead to injuries for the birthing parent which take time to recover from.

If you have experienced an injury while giving birth on or after 1 October 2022, we may be able to help with your recovery.

On this page

1. [What to do if you're injured](#)
2. [What we cover](#)
3. [What we don't cover](#)
4. [Support available](#)
5. [What to do if you're injured](#)
6. [Where else to go for information and support](#)

What to do if you're injured

Maternal birth injuries can have long-lasting effects so it's important to get treatment and support to reduce the impact of related injuries in the future.

Your midwife, doctor, nurse, physio or other healthcare provider can lodge an ACC claim for you straight away after the birth of a baby while you're in the hospital, or sometime after birth when it's easier to care for your injury.

[Learn more about how a claim is filed on your behalf](#)

What's normal?

In some cases, maternal birth injuries can become apparent weeks or months after birth, so it's helpful to be aware of what's normal and what's not, and when to seek help.

[Learn more](#)

Where else to go for information and support

Birth Trauma Aotearoa

Provides information and support for parents and whānau following a birth trauma.

[Birth Trauma Aotearoa](#)

Healthline

A free service that provides health advice if you're feeling unwell but aren't sure if you need to see a doctor and that helps you find services near you.

[Healthline](#)

PlunketLine

A free helpline and advice service available to all families, whānau and

[PlunketLine](#)

The Ministry of Health

Provides helpful advice for birth and afterwards.

[Ministry of Health](#)

The New Zealand College of Midwives

Provide resources about how to care for yourself and what to expect throughout pregnancy and childbirth.

[New Zealand College of Midwives](#)

Nga Maia Māori Midwives O Aotearoa

A national body that represents Māori birthing. The kaupapa of Nga Maia is to provide support and resources for Māori pregnancy and childbirth.

Email ngamaiaatrust@gmail.com

Helplines that offer mental health support

Anxiety Line

Phone [0800 2694 389](tel:08002694389)

When to seek medical help

While some symptoms after giving birth are normal and will reduce over time, too much pain, bleeding or swelling could mean something is seriously wrong. So, it's important to listen to your body. If something doesn't feel right, talk to your midwife, doctor, or other healthcare provider.

If you're experiencing any of these symptoms, please contact your healthcare provider.

- heavy vaginal bleeding that continues to increase and soaks a maternity pad in less than 30 minutes, or passing large blood clots (lumps of blood)
- chills or a fever of more than 38°C
- fainting or dizziness
- changes to your vision or a severe, persistent headache
- painful urination or difficulty urinating
- vaginal discharge with a strong odour
- heart palpitations, chest pain or difficulty breathing
- vomiting
- if the wound from your C-section or episiotomy is red, swollen, or has pus
- abdominal (lower belly) pain that is getting worse, or new abdominal pain
- sore breasts that are red or feel hot to the touch
- pain in your legs with redness or swelling
- increase in swelling in the legs, feet or hands
- incontinence that lasts more than 6 weeks
- passing gas, faeces, urine, or pus from your vagina
- prolonged sadness, significant anxiety, or other significant changes in mood or energy, that impacts your ability to complete daily tasks
- heaviness or a dragging sensation in the pelvic region.
- pain when walking and sitting which continues several weeks after birth

Use an ACC45 claim form

For faster processing include the following information:

- Date of injury = date of birth
- Correct READ, SNOMED or ICD10 code for the injury type (using a generic code will delay claim assessment)
- 'MBI' or 'maternal birth injury' in the Additional Injury Comments field (Part D)

ACC 45 ACC Injury Claim Form
Patient to complete

PART A: PERSONAL DETAILS

Family name: RANGI
First name(s): ANDI
Date of birth: 01/02/2002 Male Female
Home/postal address: 123 ARDHANUI TERRACE OTAKU WAIKATO 3456
Telephone WORK: 0 HOME: 0220000000
What is your ethnic background? NZ European/Pakeha Cook Island Maori Fijian Indian Samoan Other ethnic group – please specify
 Other European Tongan Other Pacific Other Asian Tokelauan
 NZ Maori Niuean South East Asian Chinese I'd prefer not to say

PART B: ACCIDENT AND EMPLOYMENT DETAILS If required you can provide further information in answer to the following questions on a separate piece of paper.

When did the accident happen? 01/02/2022 at 1030 am pm
Accident scene (eg. home, place of work, road): HOSPITAL
Accident location (eg. Taupo): HAMILTON Did the accident occur in New Zealand? Yes No
What were you doing – what happened – how was the injury caused? (eg. cleaning kitchen, slipped on wet floor and hit head on table)
MATERNAL BIRTH INJURY, THIRD DEGREE TEAR DURING CHILDBIRTH
Did the accident involve a moving motor vehicle on a public road, driveway or beach? Yes No If sporting injury, name sport (eg. rugby union)
Occupation:
Please tick those that apply I am in paid employment (part time or full time) I own/part own the company in which I work I am self-employed I am not in paid employment
What type of work do you do? (Tick one box only) Sedentary (brief standing and walking) Light (mainly standing and walking) Medium (often lift 5kg plus) Heavy (often lift 9kg plus) Very heavy (often lift 22kg plus)
Did the accident occur at work? Yes No
What is the name of the business you are employed by/own?
What is the address of the business you are employed by/own?
EMPLOYER NAME AND ADDRESS

PART C: PATIENT AUTHORISATION AND DECLARATION

I have read and understood the Important Information and the Patient Authorisation and Declaration on the reverse of the patient copy of this form
Patient to sign here or legal guardian or representative: Andi Rangi Date: 01/02/2022
Authorised representative's name: _____ Authorised representative's relationship to patient: _____

PART D: INJURY DIAGNOSIS AND ASSISTANCE

Patient's NHI no. N123456
Diagnosis coding used if not READ Codes ICD9 ICD10
Diagnosis 1: L342 Side: Left Right
Diagnosis 2: _____ Side: Left Right
Diagnosis 3: _____ Side: Left Right
Is this a work related gradual process, disease or infection claim? Yes No
Additional injury comments to injury code entered above
MBI
Has the patient been admitted to hospital? Yes No
Is this a claim for an injury caused by treatment? Yes No (If Yes, also fill in ACC2152)
Referral information (type of Treatment Provider referred to)
REHABILITATION/ASSISTANCE REQUIRED (eg. case management or home help) Yes No
ACC should call me? Yes No

PART E: ABILITY TO WORK Registered Medical Practitioner only to complete this part

IS THE PATIENT ABLE TO CONTINUE NORMAL WORK? Yes (go to part F) No (continue)
RESTRICTED DUTIES: The patient is able to undertake restricted duties for _____ days, from _____ of the following _____
 Sedentary (brief standing and walking) Light (mainly standing and walking) Heavy (often lift 9kg plus)
Additional restrictions (eg. up to four hours per day; no lifting)
CURRENTLY LIMITED MOBILITY, _____
FULLY UNFIT: The patient is unfit for work for _____ days, from _____ (Maximum 14 days using this form)
REVIEW/RETURN TO WORK: Based on this medical assessment a review is required on, or _____
 the patient should be fit to return to normal work on: _____

PART F: TREATMENT PROVIDER DECLARATION

I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is the result of an accident. I also certify that the patient (or their representative) has signed the Patient Authorisation and Declaration and has authorised me to lodge the claim on their behalf.
ACC PROVIDER NUMBER: A C I 2 3
HEALTH PRACTITIONER INDEX: G X N N N F - C
Treatment provider name (print) or stamp: H HOPATA
Treatment provider signature: _____ Date: 01/02/2022

ACC or Accredited Employer copy: please return this form when completed to your ACC Service Centre or to the Accredited Employer (check www.acc.co.nz).

Delivery to date

ACC Maternal Birth Injuries - Claim Lodgement

Data As At
08/02/2023

1745

Lodged

1661

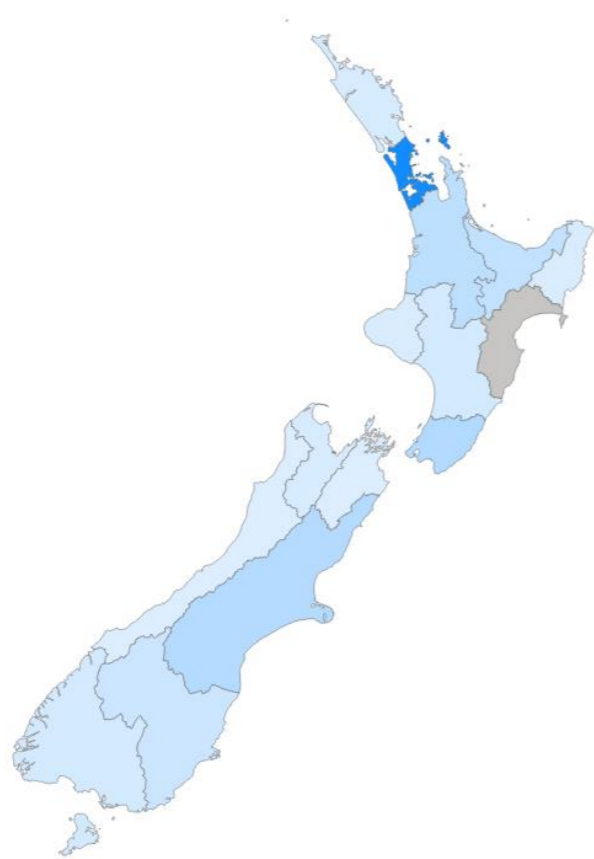
Accept

1.26

Days to Decision

576

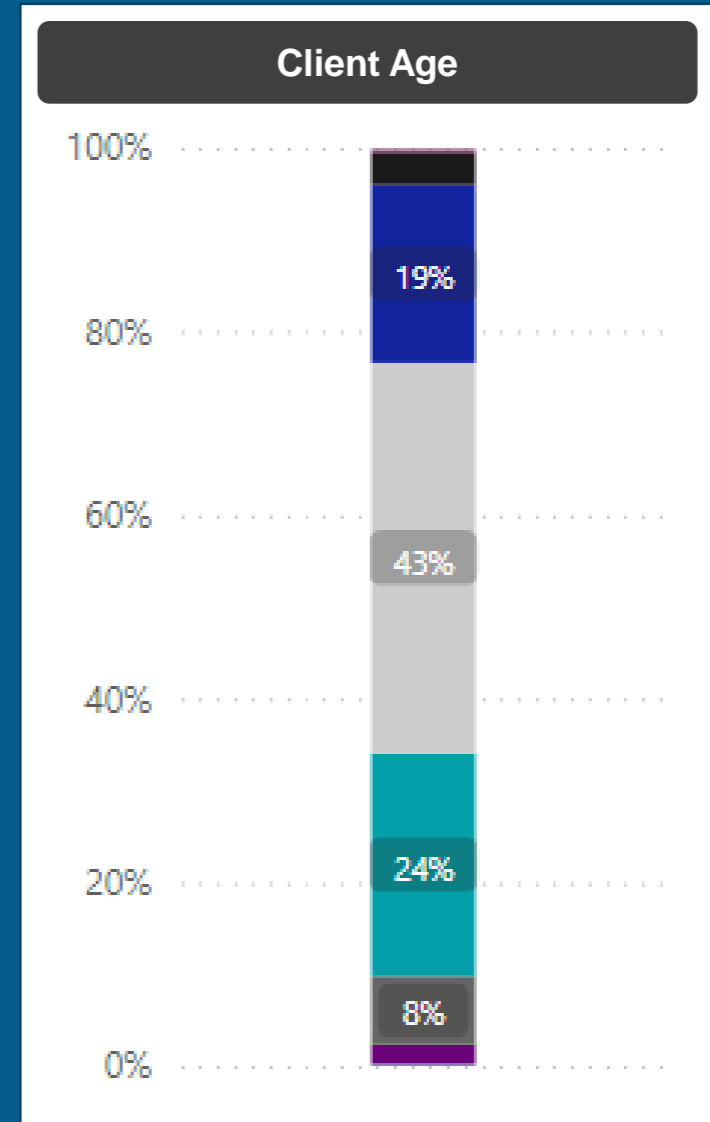
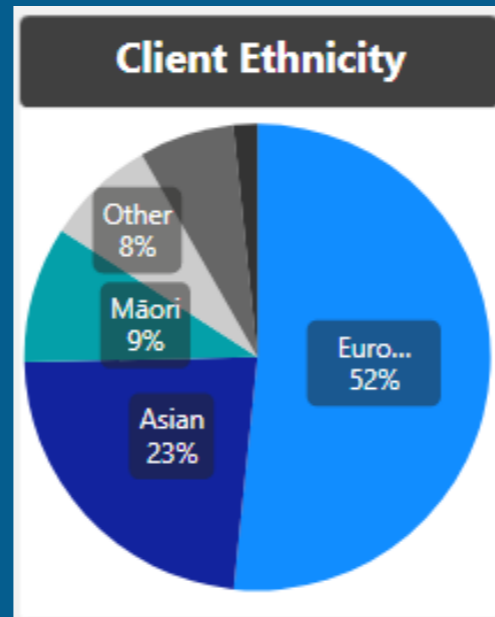
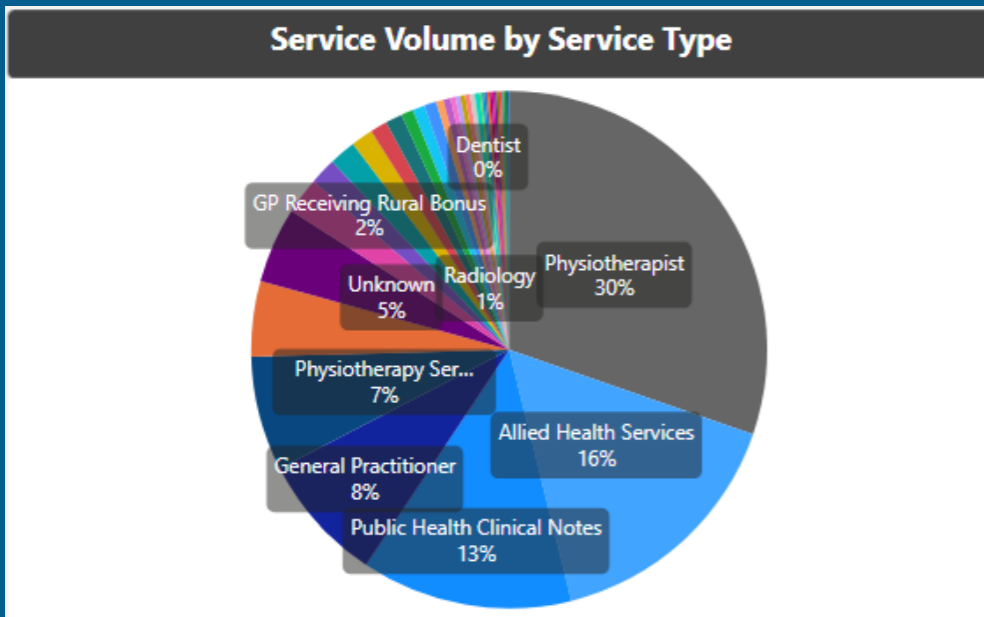
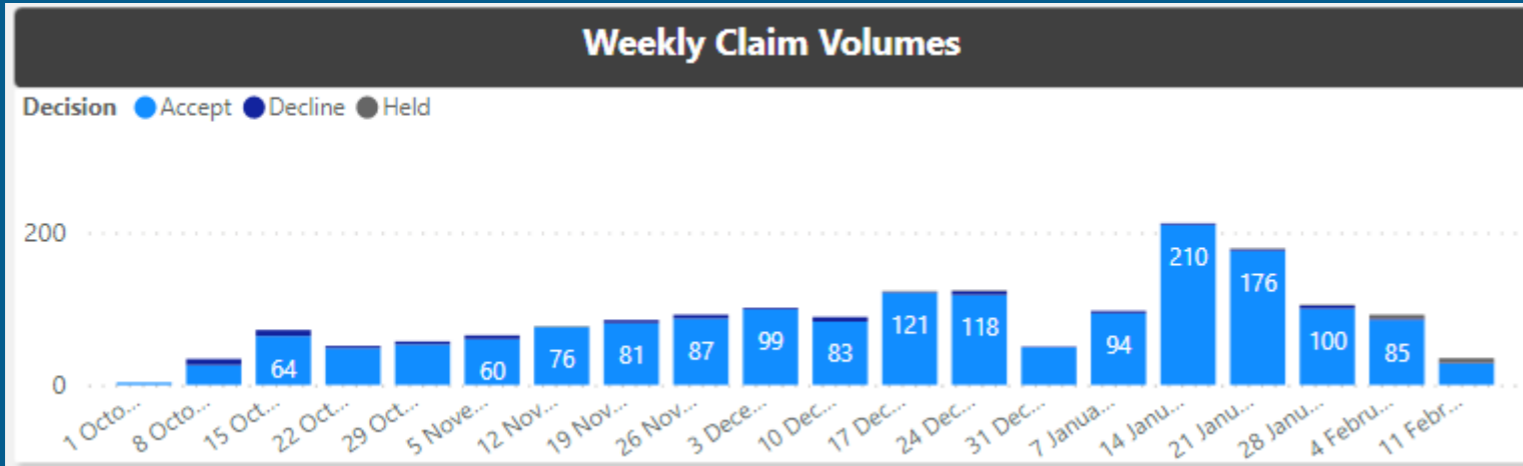
Managed by Supported Recovery



Accident Location	Claims
North Shore City	312
Auckland City	244
Waitakere City	237
Christchurch City	147
Wellington City	139
Waikato District	78
Dunedin City	65
Tauranga District	59
Manukau City	44
Invercargill City	41
Rotorua District	40
Hamilton City	38
Nelson City	27
Lower Hutt City	25
Whangarei District	25
Palmerston North City	23
New Plymouth District	22
Gisborne District	17
Hastings District	17
Manawatu District	13
Total	1613

Maternal Birth Injury Count	Injury Count
Second Degree Tears	857
Third Degree Tears	364
First Degree Tears	311
Other MBI	277
Anterior wall prolapse, posterior wall prolapse, or uterine prolapse	168
Other Tears	55
Fourth Degree Tears	29
Consequential Injury	18
Coccyx fracture or dislocation	10
Symphysis pubis capsule or ligament tear	9
Obstetric haematoma of pelvis	7
Obstetric fistula	3
Post-partum uterine inversion	2
Pudendal neuropathy	2
Ruptured uterus during labour	1
Total	2,113

Delivery to date



What we suggested to GPs...

Patients can access pelvic health physiotherapy - a good first step for most

Or if have puzzling or persisting symptoms, refer to gynaecology or other relevant discipline

Role of physiotherapists



Specialist physio in pelvic health: Dr Melissa Davidson

Current **screening questions** I use:

- Do you have any incontinence or leakage?
- Do you have any feelings of heaviness or dragging in the vagina, does it feel ok down there?
- Have you noticed any changes in your ability to have intimate relations with your significant other?

Finding a pelvic health physio in your area – number of options:

- ACC can't endorse any specific option
- Number of online pelvic health provider directories available, for example

Find a Physio page on the Physio NZ website (filtered for pelvic, women's and men's health) - [Find a Qualified Physio in NZ now | Don't Say OH! Say Physio](#)

Continence NZ website (list of Continence Service Providers) - [Continence NZ- Free Incontinence Help](#)

Privately run list of pelvic health physios - www.pelvichealthdirectory.co.nz

- Worth noting that these do differ between how they're put together and potential names
- Or chat to the physios you already work with in your local area to understand their knowledge and training in pelvic health or who they may suggest

What we've been asked about

- Injuries from births prior to 1 October 2022 are not covered unless treatment injuries
- Unattended or home births are covered e.g tear evident and diagnosed post birth
- Claims can be made at any time after a birth, including if it is over a year
- Mental injury support may be available if consequential to physical maternal birth injury
- Additional diagnosis – existing process (ACC32 or ACC18)
- Episiotomies are not a defined injury covered
 - An extension of an episiotomy (e.g third or fourth degree tear) would be covered
 - An episiotomy that is badly sutured may be considered as a treatment injury
- Levator ani avulsions imaging and specialist referral

If you need more information

Please contact us through your usual pathway:

- Provider helpline: 0800 222 070 or providerhelp@acc.co.nz
- Or if you usually deal with an ACC Engagement and Performance Manager, please contact them

You can visit our website and review the following information:

- Health professionals visit - [acc.co.nz/maternalbirthinjuries](https://www.acc.co.nz/maternalbirthinjuries)
- Birthing parents visit - <https://www.acc.co.nz/im-injured/what-we-cover/cover-for-maternal-birth-injuries/>

If your client has a concern about their clinical care:

- Health and Disability Commissioner - [Raise your concerns directly - Health and Disability Commissioner \(hdc.org.nz\)](https://www.hdc.org.nz)



Panel thoughts

Pātai

Thank you for your time

We'd love any feedback

maternalbirthinjuries@acc.co.nz

Karakia

Whāia, whāia
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Whāia te pono
Whāia te aroha
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Kia puta ki te whai ao,
Ki te ao mārama
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