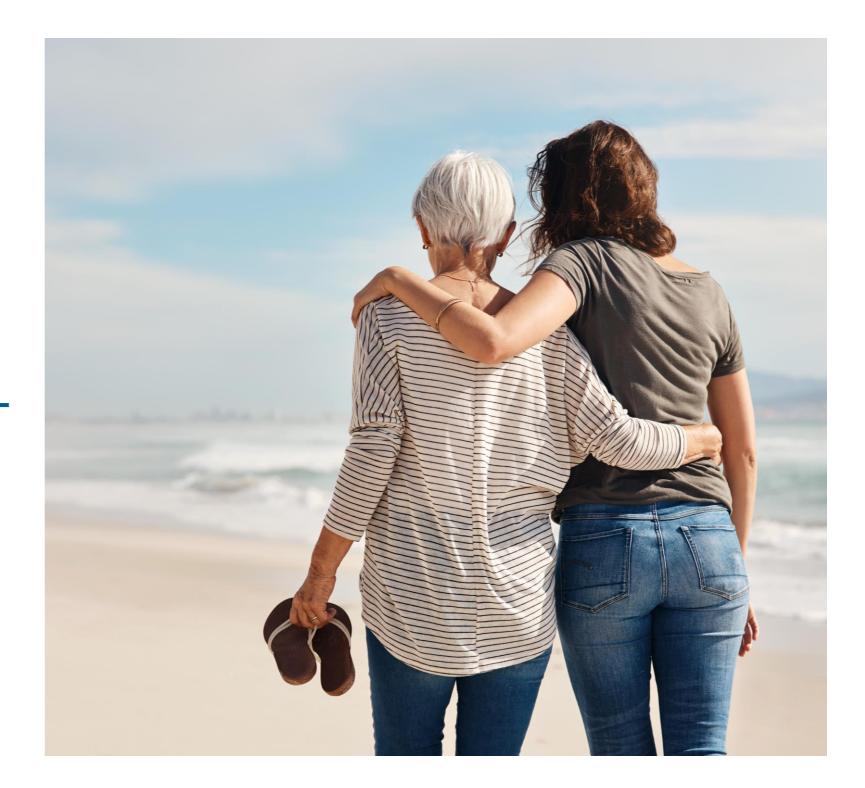
Understanding maternal birth injury cover for general practice

DATE: 21 November 2022



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

CME endorsement

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

Our panel includes:

- Dr Dilky Rasiah vocationally registered in Medical Administration and ACC's Strategic Clinical Advice and Governance team lead
- Dr Peter Burt vocationally registered GP, a Professional Practice Fellow with the University of Otago and Clinical Advice Manager with ACC
- Shaun Westhead registered physiotherapist and Product Owner for the Maternal Birth Injuries initiative at ACC
- Dr Alan Furniss vocationally registered GP and rural generalist obstetrician
- Dr Nick Walker (Whakatōhea, Ngāti Porou) consultant obstetrician and gynaecologist
- Dr Melissa Davidson specialist pelvic health physiotherapist

Housekeeping



Karakia

Whāia, whāia Whaia Te Tika Whāia Te popo Whāia Te aroha Mō te oranga tangata Kia puta ki te whai ao, Ki te ao mārama Haumi e, hui e, Taiki 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

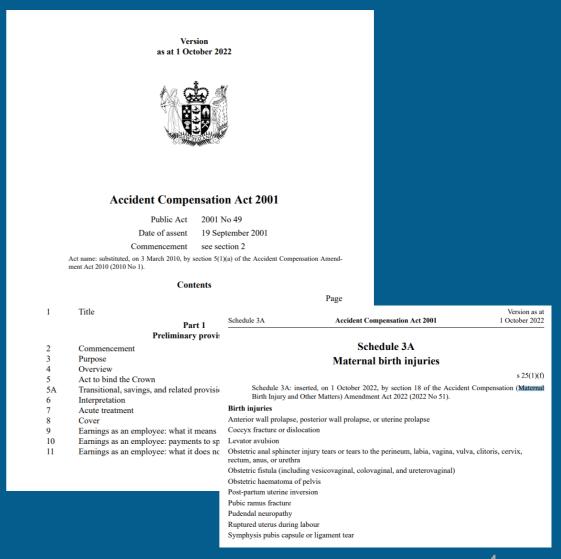
ACC is not replacing existing maternal care services

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



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



- 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, we've started to see claims lodged from our hospital, however we know that patients will start presenting to general practice and primary care settings



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.
- Most parents we spoke with experienced the 6-week check with the GP as baby-focused, rather than an opportunity to talk about their own health.

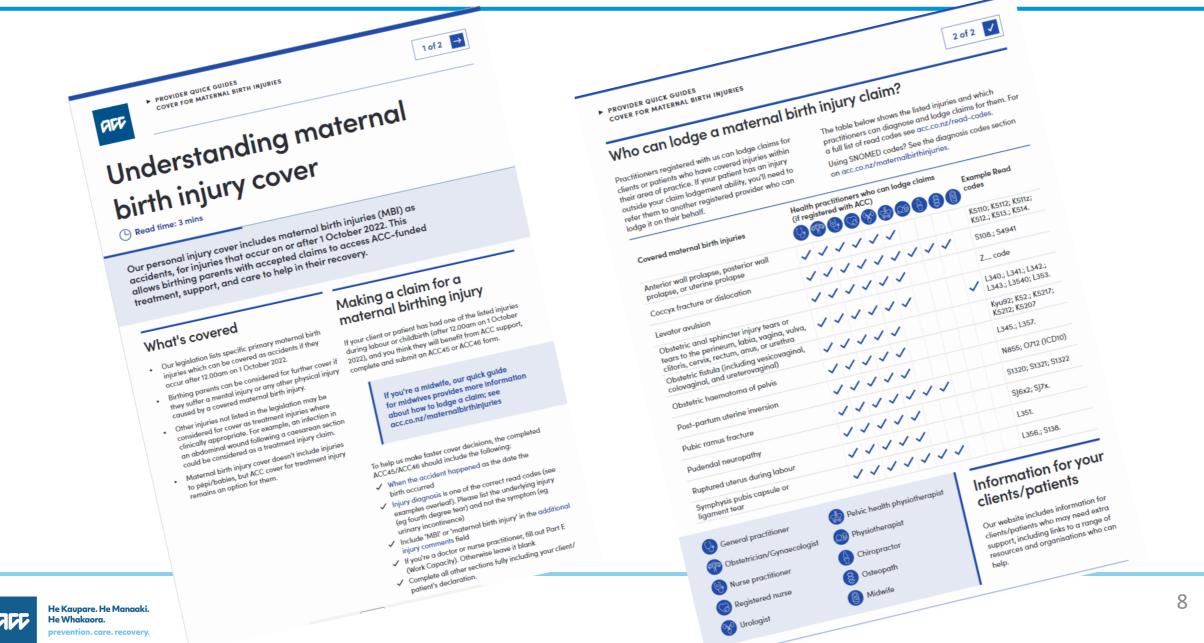
"...everyone wants to see the baby, bring the baby gifts, hold the baby [...]

having someone looking at me saying "how are you?", that's a huge deal"

Birthing Parent, 2022



Maternal birth injury – quick guide



Information for practitioners

Our website has information for health providers including:

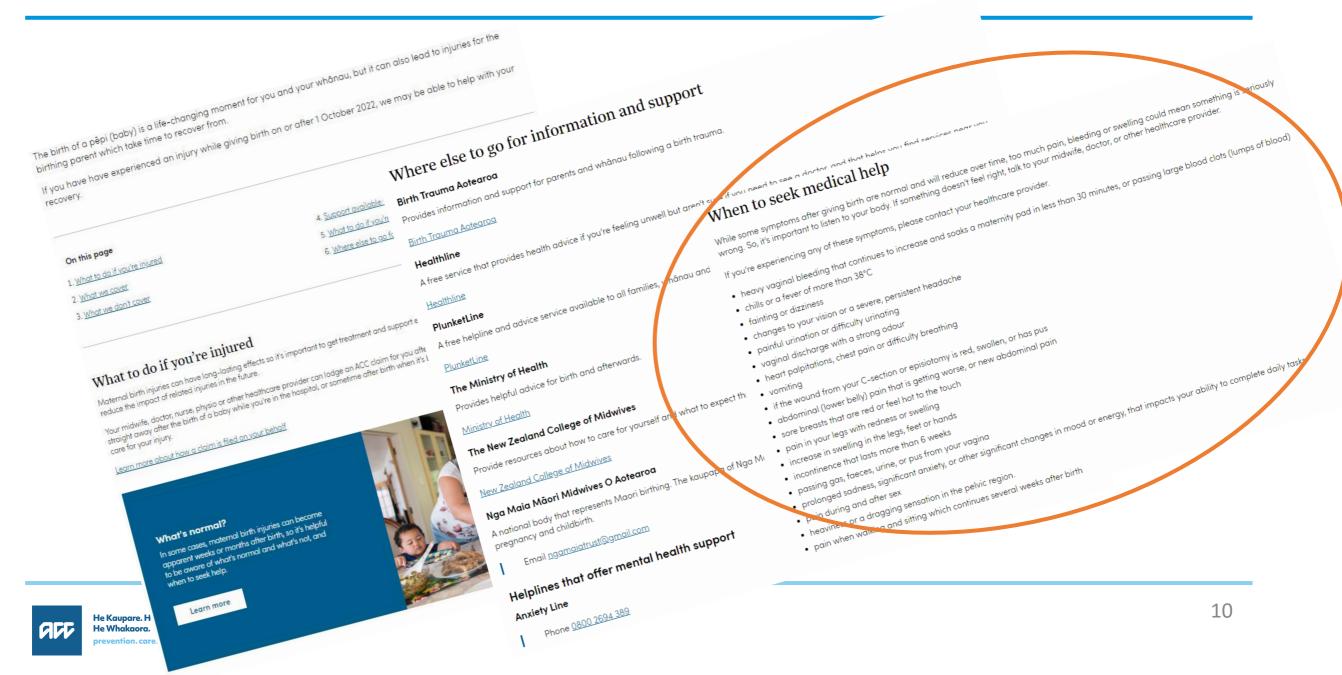
- Links to quick guides
- Background information to the change
- What's covered & what's not
- Who can lodge
- Links to information for
 - Parents and whānau
 - Specific provider groups

www.acc.co.nz/maternalbirthinjuries





Information for parents and whānau



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	Treatment Provider to complete Note: ACC does not provide cover for Illness or sickness.
Patier	at to complete	PART D: INJURY DIAGNOSIS AND ASSISTANCE
PART A: PE	RSONAL DETAILS	Patient's NHI no. N 2 3 4 5 6
Family name	R A N G I	Diagnosis coding used if not READ CODES CICD9 CICD10 Diagnosis 1 L 3 4 2 Side: CLeft Circlet
First name(s)		Diagnosis 1 L 3 4 Z Side: O Left O Right
Date of birth	0 2 0 2 2 0 0 2 Male Female	Diagnosis 2 Side: Oten Okigint
Home/postal address	I 2 3 A R O H A N U I TERRACE	Is this a work related gradual process, disease or infection claim? O Yes ONO
address .	NUMBER STREET NAME	Additional injury comments to injury code entered above MBI
Telephone WORK		Has the patient been admitted to hospital?
	Concerconservices that are culturally appropriate.	Is this a claim for an injury caused by treatment? Over No (If Yes, also fill in ACC2152) Referral information (type of Treatment Provider referred to)
NZ European/Pake	eha 🔿 Cook Island Maori 🔿 Fijian 🔿 Indian 🔿 Samoan 🔿 Other ethnic group – <i>please specify</i>	
Other European	O Tongan O Other Pacific O Other Asian O Tokelauan O Niuean O South East Asian O Chinese O I'd prefer not to say	REHABILITATION/ASSISTANCE REQUIRED (eg. case management or home help) Yes No
NZ Maori	If required you can provide further information in answer to the	
	Jonowing questions on a separate piece of paper.	PARTE: 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)
When did the accident Accident scene		RESTRICTED DUTIES: The patient is able to undertake restricted duties
(eg. home, place of w		for days, from of the following to be a set 15
(eg. Taupo)	HAMILTON Did the accident occur in New Zealand? ØYes No - what happened – how was the injury caused? (eq. cleaning kitchen, slipped on wet floor and hit head on table)	Osedentary Uight (bief standing and walking) (mainly standing and walking) (bief standing and walking) (often lift gkg plus) (often lift gkg plus) (often lift gkg plus) (often lift gkg plus)
	BIRTH INJURY, THIRD DEGREE TEAR DURING CHILDBIRTH	CURRENTLY LIMITED MOBILITY FILLED TORS ING
		BY DOCUMENT THE PROPERTY OF THE AND NURSE AND NURSE AND NURSE PRACTITIONERS
Did the accident invo on a public road, driv	lve a moving motor vehicle eway or beach? OYes No If sporting injury, name sport (eg. rugby union)	FULLY UNFIT: The patient is unfit for work for days, from PRACING days, from Vak
Occupation		REVIEW/RETURN TO WORK: Based on this medical assessment
Please tick those that	apply Of am in paid employment (part time or full time) I own/part own the company in which I work O I am self-employed O I am not in paid employment	O the patient should be fit to return to normal work on:
What type of work do (Tick one box only)	you do? Sedentary Vight Oreg Heavy Overy heavy (prief stapding and walking) (often lift skap plus) (often lift skap plus) (often lift skap plus) (often lift skap plus)	PART F: TREATMENT PROVIDER DECLARATION
	r at work? O Yes O No	I certify that, on the date snown, 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.
you are employed by/c What is the address of th	wn?	ACC PROVIDER NUMBER $A C C 1 2 3$
you are employed by/ov		
	TIENT AUTHORISATION AND DECLARATION rstood the Important Information and the Patient Authorisation and Declaration on the reverse of the patient copy of this form	Treatment provider H HOPATA
Patient to sign here o guardian or represent		Treatment provider Stamp Date 0 1 1 0 2 0 2 2
Authorised represent	ative's name Authorised representative's relationship to patient	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).



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



What you have asked about previously

- 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



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 <u>acc.co.nz/maternalbirthinjuries</u>
- 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 - <u>Raise your concerns directly - Health and Disability Commissioner</u> (<u>hdc.org.nz</u>)



Panel thoughts

Pātai

Thank you for your time

We'd love any feedback

maternalbirthinjuries@acc.co.nz

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Pelvic health physio: Melissa Davidson

Current screening questions I use:

- Do you have any incontinence? ٠
- Do you have heaviness or a dragging sensation in the pelvic region? ٠
- Have you noticed any changes in your ability to have intimate relations with your significant other? ٠

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 ٠
 - 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 ٠
- 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

