

# Understanding maternal birth injury cover for general practice

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DATE: 21 November 2022



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



# Welcome / Introduction

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**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**

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# Karakia

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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.

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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

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# 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		
		
<b>Accident Compensation Act 2001</b>		
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).		
<b>Contents</b>		
		Page
1	Title	Schedule 3A
<b>Part 1</b>		<b>Accident Compensation Act 2001</b>
<b>Preliminary provisions</b>		<b>Schedule 3A</b>
2	Commencement	<b>Maternal birth injuries</b>
3	Purpose	
4	Overview	
5	Act to bind the Crown	
5A	Transitional, savings, and related provisions	s 25(1)(f)
6	Interpretation	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).
7	Acute treatment	<b>Birth injuries</b>
8	Cover	Anterior wall prolapse, posterior wall prolapse, or uterine prolapse
9	Earnings as an employee: what it means	Coccyx fracture or dislocation
10	Earnings as an employee: payments to spouse	Levator avulsion
11	Earnings as an employee: what it does not cover	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?

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## 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?

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- 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



# What parents told us

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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

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](https://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](https://acc.co.nz/read-codes). Using SNOMED codes? See the diagnosis codes section on [acc.co.nz/maternalbirthinjuries](https://acc.co.nz/maternalbirthinjuries).


Covered maternal birth injuries	Health practitioners who can lodge claims (if registered with ACC)										Example Read codes
											
Anterior wall prolapse, posterior wall prolapse, or uterine prolapse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	K5110; K5112; K511z; K512.; K513.; K514.
Coccyx fracture or dislocation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S108.; S4941
Levator avulsion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Z.... code
Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethra	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L340.; L341.; L342.; L343.; L3540; L353.
Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Kyu92; K52.; K5217; K5212; K5207
Obstetric haematoma of pelvis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L345.; L357.
Post-partum uterine inversion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N855; O712 (ICD10)
Pubic ramus fracture	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S1320; S1321; S1322
Pudendal neuropathy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	SJ6x2; SJ7x.
Ruptured uterus during labour	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L351.
Symphysis pubis capsule or ligament tear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	L356.; S138.


 General practitioner


 Obstetrician/Gynaecologist


 Nurse practitioner


 Registered nurse


 Urologist

 Pelvic health physiotherapist

 Physiotherapist

 Chiropractor

 Osteopath

 Midwife

### 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](http://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](#)

## 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 in your 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

4. [Support available](#)
5. [What to do if you're injured](#)
6. [Where else to go for](#)

### Birth Trauma Aotearoa

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

### 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

### The Ministry of Health

Provides helpful advice for birth and afterwards.

### The Ministry of Health

Provide resources about how to care for yourself and what to expect the

### The New Zealand College of Midwives

Provide resources about how to care for yourself and what to expect the

### Nga Maia Māori Midwives O Aotearoa

A national body that represents Māori birthing. The kaupapa of Nga Mi

### Helplines that offer mental health support

#### Anxiety Line

Phone [0800 2694 389](#)

## 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
- pain during and after sex
- 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: R A N G I  
First name(s): A N D I  
Date of birth: 02 02 2002 Male ☐ Female ☒  
Home/postal address: 123 ARDHANUI TERRACE OTAKU WAIKATO 3456  
Telephone WORK: 0 HOME: 0220000000  
What is your ethnic background? This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.  
☒ 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 10 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: 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  
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: X Andi Rangi Date: 01 10 2022  
Authorised representative's name: Authorised representative's relationship to patient:

**PART D: INJURY DIAGNOSIS AND ASSISTANCE**

Patient's NHI no. N 1 2 3 4 5 6  
Diagnosis coding used if not READ Codes ☐ ICD9 ☐ ICD10  
Diagnosis 1: L 3 4 2 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 DAY MONTH YEAR 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, NG  
FULLY UNFIT: The patient is unfit for work for days, from DAY MONTH YEAR (Maximum 14 days using this form)  
REVIEW/RETURN TO WORK: Based on this medical assessment  
☒ a review is required on, or DAY MONTH YEAR  
☐ the patient should be fit to return to normal work on: DAY MONTH YEAR

**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 C I 2 3  
HEALTH PRACTITIONER INDEX: G X X N N N F - C  
Treatment provider name (print) or stamp: H HOPATA  
Treatment provider signature: X Date: 01 10 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).



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

# Referring patients...

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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

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- 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

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## Please contact us through your usual pathway:

- Provider helpline: 0800 222 070 or [providerhelp@acc.co.nz](mailto: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://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)



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**Panel thoughts**

**Pātai**


**Thank you for your time**

**We'd love any feedback**

maternalbirthinjuries@acc.co.nz

# Karakia

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Whāia te pono  
Whāia te aroha  
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That it may improve the lives of all

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# Pelvic health physio: Melissa Davidson

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Current **screening questions** I use:

- Do you have any incontinence?
- Do you have heaviness or a dragging sensation in the pelvic region?
- 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](http://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