MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

28 Feburary 2022

Ref: OIA 2122-1523

Privacy of natural persons

Dear

Thank you for your email of 1 February 2022 to the Ministry of Business, Innovation and Employment (MBIE) requesting, under the Official Information Act 1982 (the Act), the following information:

- "*The documents behind the part of the Bill introducing cover for some birth injuries refer to a consultation process with medical experts. It would be great to read the documents arising from that consultation process so that we can better understand the Bill and why it has been drafted in the way it has. Can you please email me the documents?*
- *To clarify further in case there is anything else relevant, I am wanting to know the opinions and views of the obstetric and urogynaecology experts involved in the development of the Bill. So that I can understand the reasons behind the list of injuries in the proposed sch 3A. I would also like to know the number and names of the experts involved in the consultation*."

The targeted consultation was undertaken with three experts. I am releasing to you the following documents (appended to this letter) that are in the scope of your request:

- Targeted consultation agenda, slides, and background information and key questions
- Emails from experts on the prevalence of maternal birth injury
- Experts' feedback on draft minutes from the targeted consultation
- Input from experts on maternal birth injury prevention
- Final minutes from targeted consultation
- Email from expert to include an additional injury in the list

I am withholding the names and contact details of the experts, as well as the phone number of an MBIE official, under section 9(2)(a) of the Act, to protect the privacy of these natural persons. I do not consider that the withholding of this information is outweighed by public interest considerations in making the information available. I have arrived this decision in consultation with the experts.

I trust you find the information helpful. You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

If you wish to discuss any aspect of your request or this response, or if you require any further assistance, please contact Arwen Norrish, Policy Advisor, Accident Compensation Policy at Arwen.Norrish@mbie.govt.nz.

Yours sincerely

Hayden Fenwick
Policy Manager
Accident Compensation Policy
Labour, Science and Enterprise, MBIE

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

Agenda: Targeted Consultation on a List of Obstetric Injuries for potential cover under the Accident Compensation Scheme

Date and time: 2.30-4pm on 12 July 2021

Location: 6.05 5 Stout Street and Microsoft Teams (information in meeting invite)

ATTENDEES:

Experts:

s 9(2)(a)

MBIE

- Bridget Duley (Principal Policy Advisor)
- Arwen Norrish (Policy Advisor)
- Kayleigh Wiltshire (Senior Policy Advisor)

ACC

- Mary Ahern (Senior Solicitor)
- Brian Hesketh (Manager, Policy)
- Adele Knowles (Clinical Advice Manager)
- Abbey Mennie (Policy Advisor)
- Dr Dilky Rasiah (Clinical Advice Manager)
- Stafford Thompson (Manager, Clinical Oversight and Engagement)
- Huaning Yang (Nellie) (Senior Actuary)

AGENDA:

1. **Introductions (All)**
2. **Background and Objectives for the Session (MBIE)**
3. **Injuries to be included in the List (ACC Clinical Advice Managers)**
4. **Average case for each injury – treatment, surgeries, time off incapacitated and support (ACC)**
5. **Workforce Implications**
6. **Any Other Business**

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

Targeted consultation: List of obstetric injuries for cover in the *Accident Compensation Act (2001)*

Content

- Background to Policy Work
- Scope of Proposed List
- Overview of the Data
- ICD and SNOMED Codes
- Next steps

Background to Policy Work

- Obstetric injuries resulting from treatment injuries are entitled to AC Scheme cover. Obstetric injuries caused by the birthing process are **not** covered as they don't meet the definition of *accident* in the AC Act.

- Obstetric injuries are not considered to be *"the application of a force (including gravity), or resistance, external to the human body"*. This is because, until a foetus is born, it is legally considered to be internal to the human body

- We are proposing a list of obstetric injuries within the existing cover category in the AC Act: *personal injury caused by accident (PICBA)*

Scope to Proposed List

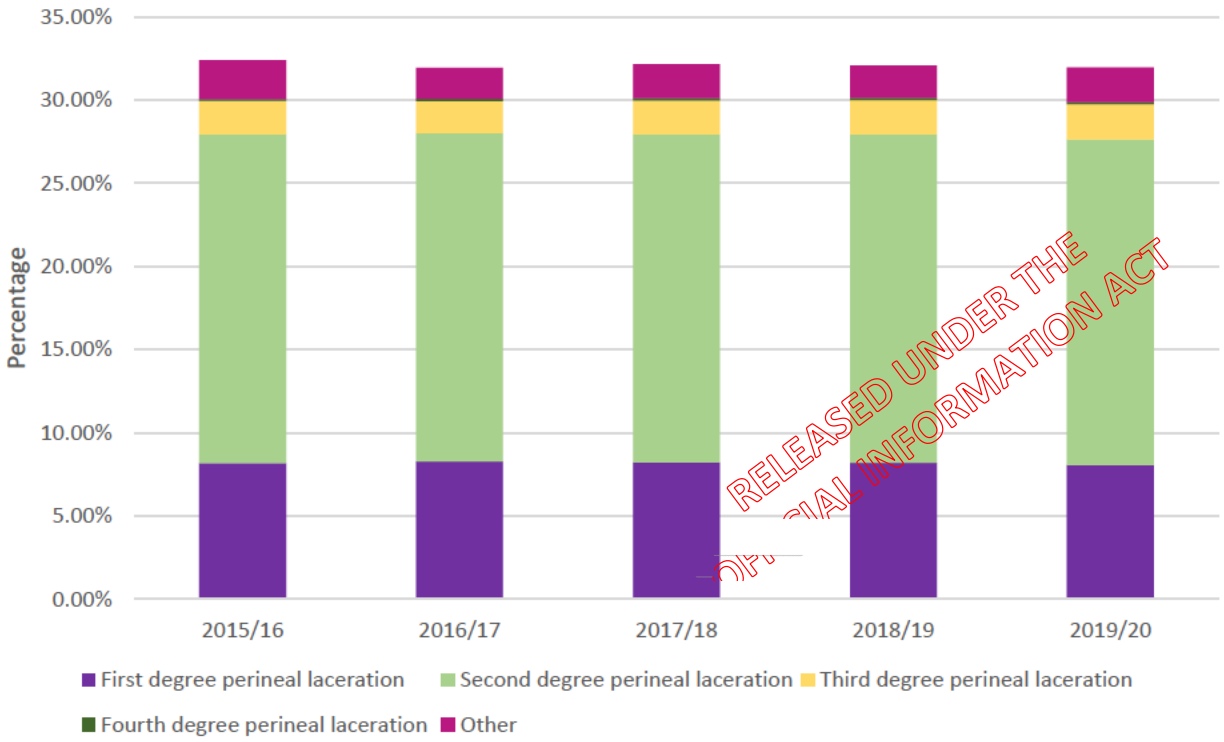
- Obstetric injuries resulting from a force to the **body during and as a result of labour and delivery only** and have similar features to injuries already covered under the category ‘personal injury caused by accident’ (tearing, bruising, inflammation, and twisting)

- **This does not include injuries that occur in the period before and after the labour and delivery period**, therefore injuries from ectopic pregnancies and miscarriages would not be covered

- We have included injuries that occur to **birthing parents only.**

Overview of the Data

Table 1: Percentage of births coded with perineal lacerations and other injuries[1]



- Analysis on data **from 26 codes** from the International Classification of Diseases that relate to labour and delivery from the Ministry of Health's National Minimum Dataset (not including home and private births)
- **Over 30% of publicly funded hospital births in NZ result in obstetric injuries,** the vast majority being perineal tears (coded as lacerations)
- **17,000-18,000 injuries each year** of about 55,000 to 65,000 births
- **Clinicians expect the number of injuries to gradually increase** as risk factors for perineal tears become more prevalent (e.g. having children later in life)

[1] The data represents injury codes as a percentage of births, not individuals discharged, as we are unable to total the number of discharges for any injury because a single discharge could have more than one clinical code reported.

ICD and SNOMED Codes
Attachment 1

Questions

1. Which injuries in Attachment 1 meet the scope (i.e. caused by mechanical forces from labour and delivery)?
2. Are there other injuries which meet the scope and should be included in the list?
3. What level of specificity should the list be to best support health professionals applying these to cases? (e.g. 'perineal tears' as a category of injuries or specifying perineal tears by degree level)
4. What does an 'average case' look like for each of the conditions (treatments, surgeries, time off incapacitated, other support) and cost of treatment?
5. Is there any other relevant data that should be considered in informing the list?

Next Steps

- Proposed inclusion in a 2021 Amendment Bill to the *Accident Compensation Act*

- Opportunity for further views in Select Committee process

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

Targeted Consultation on a List of Obstetric Injuries for potential cover under the Accident Compensation Scheme

BACKGROUND

- Obstetric injuries that are treatment injuries are currently entitled to Accident Compensation Scheme (the Scheme) cover. Obstetric injuries caused by the birthing process are **not** covered as they don't meet the definition of *accident* in *the Accident Compensation Act* (2001) (the AC Act).[1]
- Obstetric injuries are not considered to be *"the application of a force (including gravity), or resistance, external to the human body"*. This is because, until a foetus is born, it is legally considered to be internal to the human body
- We are proposing a list of obstetric injuries as a focus area for rebalancing equity of injuries covered in the Accident Compensation Scheme. This would be included in an existing cover category in the Act under section 20: *personal injury caused by accident (PICBA).*

Scope of the list:

- Obstetric injuries resulting from a force to the **birthing parent during and as a result of labour and delivery only** and have similar features to injuries already covered under the category 'personal injury caused by accident' (tearing and bruising)
- **This does not include injuries that occur in the period before and after the labour and delivery period**, therefore injuries from ectopic pregnancies and miscarriages would not be covered. For clarity, issues that arise outside of this period **and** are not a consequence of an acute labour and delivery injury would not be covered.

KEY QUESTIONS:

1) Which injuries in Attachment 1 meet the scope (i.e. acute injuries caused by mechanical forces from labour and delivery)?

2) Are there other injuries which meet the scope and should be included in the list?

[1] The definition of accident in the AC Act includes: the application of a force external to the body, sudden movement of the body to avoid an external force, a twisting movement of the body, ingestion or inhalation of a substance (other than microorganisms) on a specific occasion, burns or exposure to radiation, absorption of chemicals through the skin, and exposure to extremes of temperature or environment.

3) What level of specificity should the list be to best support health professionals applying these to cases? (e.g. 'perineal tears' as a category of injuries or specifying perineal tears by degree level)

4) What does an 'average case' look like for each of the conditions (treatments, surgeries, time off incapacitated) and cost of treatment?

5) Is there any other relevant data that should be considered in informing the list?

ATTACHMENT 1: ICD AND SNOMED CODES

Code	Condition
N811	Cystocele
N812	Incomplete uterovaginal prolapse
N813	Complete uterovaginal prolapse
N814	Uterovaginal prolapse, unspecified
N816	Rectocele
N818	Other female genital prolapse
N823	Fistula of vagina to large intestine
O267	Subluxation of symphysis (pubis) in pregnancy, childbirth and the puerperium
O700	First degree perineal laceration during delivery
O701	Second degree perineal laceration during delivery
O702	Third degree perineal laceration during delivery
O703	Fourth degree perineal laceration during delivery
O709	Perineal laceration during delivery, unspecified
O7110	Rupture of uterus during labour, unspecified
O7111	Spontaneous rupture of uterus during labour
O7112	Traumatic rupture of uterus during labour
O712	Postpartum inversion of uterus
O713	Obstetric laceration of cervix
O714	Obstetric high vaginal laceration (alone)
O715	Other obstetric injury to pelvic organs
O716	Obstetric damage to pelvic joints and ligaments

O717	Obstetric haematoma of pelvis
O7181	Obstetric uterine laceration or tear
O7182	Diastasis of recti abdominal muscle in pregnancy or delivery

Relevant Snomed codes:

283970001 | Laceration of female perineum (disorder)
398019008 | Perineal laceration during delivery (disorder
6825008 | Perineal laceration involving rectovaginal septum (disorder) |
14825005 | Perineal laceration involving vagina (disorder) |
410062001 | Laceration of vagina (disorder) |
210448003 | Open wound of vagina (disorder) |
89205006 | Open wound of vagina with complication (disorder) |
59452007 | Open wound of vagina without complication (disorder)
79839005 | Perineal laceration involving vulva (disorder)
7504005 | Trauma to vulva during delivery (disorder) |
249221003 | Labial tear (disorder) |
46311005 | Perineal laceration involving fourchette (disorder)
262935001 | Tear of vaginal wall (disorder) |
399031001 | Fourth degree perineal laceration (disorder) |

Arwen Norrish

From: s 9(2)(a)
Sent: Monday, 12 July 2021 8:14 PM
To: Kayleigh Wiltshire; Bridget Duley; Arwen Norrish; Abbey Mennie (Abbey.Mennie@acc.co.nz); Mary Ahern; Brian Hesketh (Brian.Hesketh@acc.co.nz); stafford.thompson@acc.co.nz; huaning.yang@acc.co.nz; adele.knowles@acc.co.nz; dilky.rasiah@acc.co.nz; s 9(2)(a)
Subject: RE: Targeted Consultation Meeting [IN-CONFIDENCE: RELEASE-EXTERNAL][EXTERNAL SENDER]

Hi great to meet you all today .
This shows how incongruous some of the data is . See the MMPO data table – that 47.6 % of primps have intact perineum but the CDHB SP (standard primip) for reporting to the MOH and the national quoted rate for intact genital tract = 26.5%. doesn't really make sense . The data from the UNi of S Australia had some good prevalence data .

s 9(2)(a)

Indicator	Title	2016 CDHB Rate	2017 CDHB Rate	2018 CDHB Rate	Higher or lower than national rate	National Rate			
INDICATOR 6 - INTACT LOWER GENITAL TRACT (ALL POPULATION GROUPS)						SP 34.3%	SP 31.9%	SP 25.2%	SP 26.5%

Comment: The rate of intact lower genital tract for the SP group had remained static since 2009. From 2017 the SP rate has decreased and the last data set shows that we are now lower than the national average.
Action: This data has been reviewed further and compared with our 2019 local data of the total birthing population for Canterbury. Since 2016 the rate of intact lower genital tract has remained static (2016 = 51.25%, 2017 = 50.67%, 2018 = 51.90%, 2019 = 53.36%).

This is the MMPO data

NZ MMPO 2016 data

Table 4.11: Perineal trauma and parity for all vaginal births

Perineal trauma	Primiparous		Multiparous		All women	
	n	%	n	%	n	%
Intact/ Graze	5,625	47.6	10,219	64.9	15,844	57.4
1st degree	966	8.2	2,084	13.2	3,050	11.1
2nd degree	4,759	40.2	3,272	20.8	8,031	29.1
3rd degree	448	3.8	170	1.1	618	2.2
4th degree	29	0.2	12	0.1	41	0.1
TOTAL	**11,827**	**100**	**15,757**	**100**	**27,584***	**100**

*Excludes women who had an elective caesarean section (n=2,581)

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Regards,
s 9(2)(a)

s 9(2)(a) s 9(2)(a)

-----Original Appointment-----
From: Kayleigh Wiltshire [mailto:Kayleigh.Wiltshire@mbie.govt.nz]
Sent: Friday, 9 July 2021 2:53 p.m.
To: Bridget Duley; Arwen Norrish; Abbey Mennie (Abbey.Mennie@acc.co.nz); Mary Ahern; Brian Hesketh (Brian.Hesketh@acc.co.nz); stafford.thompson@acc.co.nz; huaning.yang@acc.co.nz; adele.knowles@acc.co.nz; dilky.rasiah@acc.co.nz; s 9(2)(a)
Subject: Targeted Consultation Meeting [IN-CONFIDENCE: RELEASE-EXTERNAL][EXTERNAL SENDER]
When: Monday, 12 July 2021 2:30 p.m.-4:00 p.m. (UTC+12:00) Auckland, Wellington.
Where: MEET WLG STOUT 6.06 (8)

Kia ora koutou,

This is a confirmed invite for the targeted consultation meeting on Monday 12th July 2.30-4pm.

Please see Teams details below and I have attached an updated agenda for your reference and the discussion document.

Ngā mihi,
Kayleigh

s 9(2)(a)

s 9(2)(a)

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<< File: List of Obstetric Injuries Consultation.pdf >> << File: Updated 1207 Consultation Meeting Agenda.pdf >>

Arwen Norrish

From: s 9(2)(a)
Sent: Tuesday, 13 July 2021 6:33 PM
To: Kayleigh Wiltshire; s 9(2)(a) Arwen Norrish
Subject: 120721 Consultating Meeting Minutes - updated with s 9(2) comments
Attachments: 120721 Consultating Meeting Minutes - updated with s 9(2)(a) comments.docx

Hi All,
I have track changed and added a few comments – some just as an FYI further not to add to minutes .

ON further searching and talking to my booking clerk I think perhaps there are no RANZCOG codes – myself and another IT person in our hospital thought they were what we were seeing in the background matched to our OT bookings but talking to my surgical WL coordinator she knows nothing of them .. I think it is the difference between ICD 10 codes and Snomed codes and the fact that Inpatient and outpatient procedural stuff gets coded differently .

What we do is ..
Put in a Snomed " findings " code and an ICD operation code for pts who come though clinic then go to main OT / general anaesthetic .
Put in a Snomed procedure code for those going straight to an outpatient procedural area (eg we have an outpatient local hysteroscopyy clinic) . and no ICD 10 code
I think RANZCOG codes were a figment of my imagination ...

Thanks ,
s 9(2)(a)

Targeted Consultation on a List of Obstetric Injuries for potential cover under the Accident Compensation Scheme

Minutes, 12 July 2021

Attendees

Experts:

s 9(2)(a)

MBIE

- Bridget Duley (Principal Policy Advisor)
- Arwen Norrish (Policy Advisor)
- Kayleigh Wiltshire (Senior Policy Advisor)

ACC

- Mary Ahern (Senior Solicitor)
- Brian Hesketh (Manager, Policy)
- Adele Knowles (Clinical Advice Manager)
- Abbey Mennie (Policy Advisor)
- Dr Dilky Rasiah (Clinical Advice Manager)
- Stafford Thompson (Manager, Clinical Oversight and Engagement)
- Huaning Yang (Nellie) (Senior Actuary) (Apologies)

Agenda

1. Introductions
2. Background and Objectives for the Session
   - MBIE ran through the background of the work and scope for the list
   - Experts questioned the accuracy of 30% of vaginal birthing would result in injury data, and supported that it would be more like 85% of vaginal birthing would result in trauma and international data is more accurate than DHBs
   - Minimum data set doesn't reflect the true prevalence of the injuries for a variety of reasons, including injuries not being accurately recorded by midwives and varied identification methods at DHBs
   - First and second degree tears are a normal part of childbirth, experts estimated only ¼ of perineums are intact after vaginal births
   - *Does home birth or private hospital birth have lower injury rate?* Midwives do low risk births and home births are by their nature low risk. Private obstetricians have lower rates of OASI (and good data collection) which may be skewed by socioeconomic factors.
   - Recovery timeframe for injuries: Would expect a year to recover and advise patients to come back in a year if still in pain and in the case of OASI birth parents, have bowel symptoms of faecal urgency or faecal incontinence. Patients may inadvertently delay reporting symptoms and for example only experience continued pain/discomfort through intercourse.

- Early intervention would help rehabilitate the pelvic floor muscles, experts noted France offers 6 free physio sessions after birth
- First and second degree tears would typically heal on their own, special care needed when those tears do not heal properly and/or have further implications

3. Injuries to be included in the List
    - Terms in ICD and SNOMED codes are out of date and not commonly used. Common use is first, second, third, and fourth degrees of tears, OASIS, and Levator Avulsion
    - **Two main groups of very serious injuries**:
        - **1)** 5% of the 85% are third and fourth degree tears (OASIS i.e. obstetric anal sphincter injury) ~~ruptures).~~ Injuries are usually associated with risk factors (parents having their first baby, large baby, instrumental delivery, prolonged second stage of labour) but can also happen spontaneously with no obvious risk factors .
        - **2)** Levator Avulsion: can happen spontaneously, or following the use of forceps (ACC raised the use of forceps would likely make these injuries treatment injuries, which are currently covered). This idea was previously rejected for ACC cover as it was caused by an internal force (the baby) not an external force (except with instrumental delivery). It can happen in a spontaneous delivery with no risk factors
    - **The 3 Ps, factors of complexities of childbirth:** Passenger (Baby, size and position; flexion); Passage (birthing parent; age; flexibility of muscles) and powers (contractions; uterine activity)
    - ACC Q - *What is the most acute and spontaneous obstetric injury?* Those are the ones that have characteristics to the injuries already covered by ACC
    - Experts noted most levator avulsion injuries happens at the first vaginal birth. Also noted that prolapse is acute, and age can be a factor
    - Experts noted some injuries on the list are very rare (e.g. uterus rupture, 1 in 3000/4000, likely caused by an old scar from c section) ACC noted we will still want to consider these, as they are serious and consistent with the extension of cover
    - Experts noted that they are concerned the providers may abuse the list and prescribe treatment that is not necessary or is not meeting the best interest of the patients (i.e. when rehabilitation physio is the best course of action)
    - **ACTION: experts to come back with RANZCOG list of injuries to be included**

4. Average case for each injury
    - Time off incapacitated and support depends on the individual's case and the type of employment they are in (e.g. someone who is a lecturer may not be able to carry on teaching if they cannot fully control their bowel movements)
    - **5% of the 5% of the 85% cases may need ongoing support,** the number may be driven up if ACC funds the care and treatment of obstetric injuries
    - Experts stressed the need of early intervention and physio, as sometimes surgeries are not needed. Expressed concerns that covering these injuries through ACC may incentivise providers to prescribe unnecessary surgeries where patients only really need rehabilitation through physio

Commented s 9(2)(a): At previous meeting group we were told this wouldn't be covered under the same reasoning Ie that if it was an unintended consequence of a necessary treatment (eg the forceps) would not get cover even for those occurring during instrumental birth not just spontaneous cf internal force reasoning

Commented s 9(2)(a): Just to add post meeting as a further FYI if a baby has its chin on chest it makes the head dimension smaller through pelvis . if posterior position (babies head looking towards parents abdomen) more likely to have extended neck and chin off chest ; this can increase the head dimension by up to a few cms ..

Commented s 9(2)(a): Not sure about this . Prolapse is not usually acute , more often it present s progressively over time (with impact of age and other factors eg straining / constipation impacting . It can however present early (eg in the furst year PP) as a consequence if significant acute trauma at the time of birth (eg Levatir avulsion .

Commented s 9(2)(a): Experts estimatd that

Commented s 9(2)(a) Explained why in many cases surgery even if eventually require would nto be performed until childbearing is completed unless significant symptoms not managed with non surgical treatments

5. Workforce Implications and AOB

- Level of unmet need is around 3000 women per year, workforce is currently a postcode lottery of pelvic physios
- Pelvic floor physiotherapists have a postgraduate qualification from Australia and need to be trained to do vaginal assessments of parents.
- Experts highlighted the ideal scenario is to provide ring-fenced funding to DHBs (the health system) to provide post-natal clinics and more physios
- Experts emphasised the likelihood of driving the service provision from public to private following the extension of ACC cover
- MBIE ran through the timeframes of the Amendment Bill

Commented s 9(2)(a): Or show evidence of equivalent skill set through training .

Commented s 9(2)(a): Though I would be delighted if we stimulated a growth in pelvic floor expert physiotherapist positions as they have transferrable skills into the chronic pelvic pain space (think chronic pain despite endometriosis surgery where significant MSK spasm implicated and signif QOL impairment

On Tue, 13 Jul 2021 at 4:00 PM Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz> wrote:

> Hi s 9(2)(a)

Thanks for coming back to us so quickly and great spot – woops on the typo! I've added your wording here in red. s 9(2)(a) to see if you want to work off of this version for any of your comments ☺

Ngā mihi,

Kayleigh

Kayleigh Wiltshire (she/her)

Senior Policy Advisor
Accident Compensation Policy | Workplace Relations and Safety Policy

Telephone: s 9(2)(a) | Email: kayleigh.wiltshire@mbie.govt.nz

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

From: s 9(2)(a)
Sent: Tuesday, 13 July 2021 3:46 PM
To: Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz>
Cc: s 9(2)(a) Arwen Norrish <Arwen.Norrish@mbie.govt.nz>
Subject: Re: Targeted consultation meeting yesterday OASI care bundle[EXTERNAL SENDER] [IN-CONFIDENCE: RELEASE-EXTERNAL]

Dear Kayleigh and all

Here are my comments

Agenda item 2

point 2- Vaginal births or vaginal deliveries (not virginal!)

point 4-perineums.(typo).

Point 5 - worded incorrectly I think- midwives do low risk births and home births are by their nature very low risk. Private obstetricians have lower rates of OASI (and good data collection) which may be skewed by socioeconomic factors).

Point 6-Not just because they are still in pain- the OASI women have bowel symptoms of faecal urgency or faecal incontinence.

Point 7- The physiotherapy does not help healing the tissues quickly- they rehabilitate the pelvic floor muscles/

Agenda item 3

Point 1 -injuries are usually associated with risk factors (women having their first baby, large baby, instrumental delivery, prolonged second stage of labour) but can also happen spontaneously.

Point 2-Levator Avulsion (not evulsion). This idea was previously rejected by ACC because it is caused by an internal force (the baby) not an external force (except with instrumental delivery). Again, it can happen in a spontaneous delivery with no risk factors.

Point 5- Pelvic floor physiotherapists have a postgraduate qualification from Australia. They need to be trained to do vaginal assessments of these women.

Thanks

s 9(2)(a)

On Tue, Jul 13, 2021 at 2:44 PM Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz> wrote:

> Hi both,
>
> It was great to meet you two too, yesterday's meeting was very helpful and a great discussion. Thanks very much for getting back to us next week with the codes.
>
> Arwen has drafted up minutes covering the main points from yesterday, could you let me know if there is anything you would like corrected/amended/added in the attached draft minutes please? I am planning to send a draft version to s 9(2)(a) today in advance of our chat with her tomorrow as she was keen to know what had been discussed already (and she mentioned she was having a call with you s 9(2)(a) too).
>
> Out of scope s 9(2)(a)

Ngā mihi,

Kayleigh

Kayleigh Wiltshire (she/her)

Senior Policy Advisor
Accident Compensation Policy | Workplace Relations and Safety Policy

Telephone: s 9(2)(a) | Email: kayleigh.wiltshire@mbie.govt.nz

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

From: s 9(2)(a)
Sent: Tuesday, 13 July 2021 1:09 PM
To: s 9(2)(a) Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz>
Subject: RE: Targeted consultation meeting yesterday OASI care bundle[EXTERNAL SENDER]

Hi Both further to this Out of scope
Out of scope
Out of scope

Out of scope

s 9(2)(a)

s 9(2)(a)

s 9(2)(a)

From: s 9(2)(a)
Sent: Tuesday, 13 July 2021 12:57 p.m.
To: Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz>; s 9(2)(a)
Subject: Targeted consultation meeting yesterday OASI care bundle[EXTERNAL SENDER]

Dear Kayleigh

It was great to meet you all yesterday.

s 9(2)(a) and I will be getting back to you later this week with the codes but I thought I'd share with you some background information that may be of help to you all when you are formulating your plan. There has been a lot of work done on this issue around the world already.

This may be of particular interest if you are hoping to use services in the public system as this bundle of care is rolling out in the NHS. I draw your attention to the role out of the OASI care bundle in the UK.

https://www.rcog.org.uk/OASICareBundle.

There is detailed information about the background, implementation and endorsements from Royal College of Midwives and RCOG (our RANZCOG). The aim is to reduce the incidence of OASI down to 2-3% and would be an effective way of keeping claims down (injury prevention) as we discussed yesterday and improving the quality of care women receive.

This is based on earlier work in Norway and Scandinavia (Incidence and risk factors for OASIS following introduction of preventive interventions. a retrospective .

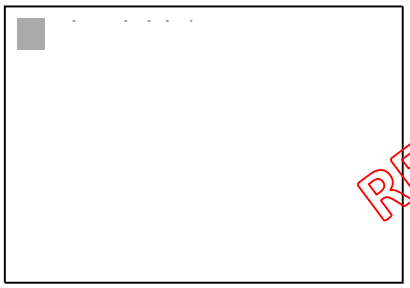
cohort study from a Norwegian hospital 2012-2017 (2019) Seler- Olsen T, Aagaard Nohr,E Sexual Reprod Healthc Dec; 22,100460)

This has also been done in Australia (Please Squeeze- a novel approach to perineal guarding at the time of delivery reduced rates of OASI in an Australian tertiary hospital. (2020) Luxford E, Bates L. Aust NZ J Obstet gynaecol Dec 60(6) 914-918)

Please let me know if you want any further information .

Kind regards

s 9(2)(a)



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Arwen Norrish

From: s 9(2)(a)
Sent: Tuesday, 13 July 2021 10:16 PM
To: Kayleigh Wiltshire; s 9(2)(a) Arwen Norrish
Subject: Codes for Perineal trauma
Attachments: Codes for ACC.docx; ICD (2).docx

Dear All
Here are 2 documents- the ICD codes which we have modified plus updated terminology for the other codes for prolapse etc.
Thanks
s 9(2)(a) and s 9(2)(a)

Codes for ACC/MBIE

Levator avulsion
Anterior vaginal wall prolapse
Posterior vaginal wall prolapse
Apical(or uterine) prolapse

Obstetric fistula (includes vesico-vaginal, colo-vaginal and uretero-vaginal)

First degree perineal tear
Second degree perineal tear
Third degree perineal tear
Fourth degree perineal tear
Rectal injury from vaginal delivery

Ruptured uterus during labour (could be spontaneous or scar)

Breakdown of suturing of perineal tear (any degree)
Pain from scar from perineal tear (any degree)

Commented s 9(2)(a)

~~Perineal laceration during delivery~~

~~*Incl.:*~~

~~episiotomy extended by laceration~~

~~*Excl.:*~~

~~obstetric high vaginal laceration (O71.4)~~

~~vaginal sulcus laceration (O71.4)~~

O70.0First degree perineal laceration during delivery

- Perineal laceration, rupture or tear (involving):
  - fourchette
  - labia
  - periurethral tissue
  - skin
  - ~~slight~~
  - ~~vagina, low~~
  - vulva

- during delivery

Excl.:

~~periurethral laceration involving urethra (O71.5)~~

~~that with laceration of:~~

- ~~high vaginal wall (middle)(upper third of vaginal wall) (O71.4)~~
- ~~vaginal sulcus (O71.4)~~

O70.1Second degree perineal laceration during delivery

- Perineal laceration, rupture or tear as in O70.0, also involving:
  - pelvic floor
  - perineal muscles
  - vaginal muscles

- during delivery

Excl.:

~~that involving anal sphincter (O70.2)~~

Commented s 9(2)(a) I think by necessity it has to say not including sphincter for ½

O70.2Third degree perineal laceration during delivery

- Perineal laceration, rupture or tear as in O70.1, also involving:
  - ~~anal sphincter~~

- during delivery

- ~~rectovaginal septum~~
- ~~sphincter NOS~~

Excl.:

that involving anal or rectal mucosa (O70.3)

O70.3Fourth degree perineal laceration during delivery

- Perineal laceration, rupture or tear as in O70.2, also involving:
  - anal mucosa
  - rectal mucosa
- during delivery

~~**O70.9Perineal laceration during delivery, unspecified**~~

~~**O71Other obstetric trauma**~~

~~***Incl.:***~~

~~damage from instruments~~

~~**O71.0Rupture of uterus before onset of labour**~~

O71.1Rupture of uterus during labour

~~Rupture of uterus not stated as occurring before onset of labour~~

~~**O71.2Postpartum inversion of uterus**~~

~~**O71.3Obstetric laceration of cervix**~~

~~Annular detachment of cervix~~

~~**O71.4Obstetric high vaginal laceration**~~

~~Laceration of:~~

- ~~middle or upper third of vaginal wall~~
- ~~vaginal sulcus~~

~~***Excl.:***~~

~~that of the lower vagina (O70.)~~

O71.5Other obstetric injury to pelvic organs

~~Obstetric injury to:~~

- ~~bladder~~
- ~~urethra~~

Commented s 9(2)(a) I think you need t add sphincter in here again . the exclusion of Mucosa means 3rd not 4th but if crossed out doesn't have actual Sphincter injury included

~~***Excl.:***~~

~~(minor) laceration involving periurethral tissue only (O70.0)~~

- ~~Avulsion of inner symphyseal cartilage~~
- ~~Damage to coccyx~~
- ~~Traumatic separation of symphysis (pubis)~~

~~obstetric~~

~~**O71.6Obstetric damage to pelvic joints and ligaments**~~

O71.7Obstetric haematoma of pelvis

Obstetric haematoma of:

- perineum
- vagina
- vulva

~~**O71.8Other specified obstetric trauma**~~

~~**O71.9Obstetric trauma, unspecified**~~

Targeted Consultation on a List of Obstetric Injuries for potential cover under the Accident Compensation Scheme

Minutes, 12 July 2021

Attendees

Experts:

s 9(2)(a)

MBIE

- Bridget Duley (Principal Policy Advisor)
- Arwen Norrish (Policy Advisor)
- Kayleigh Wiltshire (Senior Policy Advisor)

ACC

- Mary Ahern (Senior Solicitor)
- Brian Hesketh (Manager, Policy)
- Adele Knowles (Clinical Advice Manager)
- Abbey Mennie (Policy Advisor)
- Dr Dilky Rasiah (Clinical Advice Manager)
- Stafford Thompson (Manager, Clinical Oversight and Engagement)
- Huaning Yang (Nellie) (Senior Actuary) (Apologies)

Agenda

1. Introductions
2. Background and Objectives for the Session
   - MBIE ran through the background of the work and scope for the list (including obstetric injuries having the same characteristics as injuries already covered and injuries resulting from mechanical trauma caused to birthing parents during labour and delivery)
   - Experts questioned the accuracy of the data that indicated that 30% of vaginal birthing would result in injury, and supported that it would be more like 85% of vaginal birthing would result in trauma and international data is more accurate than DHBs
   - Minimum data set doesn't reflect the true prevalence of the injuries for a variety of reasons, including injuries not being accurately recorded and varied identification methods at DHBs
   - First and second degree tears are a normal part of childbirth, experts estimated only 25% of women have an intact perineum after vaginal birth
   - *Does home birth or private hospital birth have lower injury rate?* Midwives do low risk births and home births are by their nature low risk. Private obstetricians have lower rates of OASI (and good data collection) which may be skewed by socioeconomic factors.
   - Recovery timeframe for injuries: Generally it takes about a year for a parent's body to recover from pregnancy and childbirth and advise patients to come back in a year if still in pain and in the case of OASI birth parents, have bowel symptoms of faecal urgency or faecal incontinence. Patients may inadvertently delay reporting symptoms and for example only experience continued pain/discomfort through intercourse.

- Early intervention would help with recovery rehabilitate the pelvic floor muscles, experts noted France offers 6 free physio sessions universally after birth
- First and second degree tears would typically heal on their own, special care needed when those tears do not heal properly and/or have further implications

3. Injuries to be included in the List

- ICD and SNOMED descriptors use language that is not commonly used in clinical practice. Clinical language is first, second, third, and fourth degrees of tears, OASIS, and Levator Avulsion
- **Two main groups of very serious injuries**:
  - **1)** 5% of the 85% are third and fourth degree tears (OASI i.e. Obstetric Anal Sphincter Injury). Injuries are usually associated with risk factors (parents having their first baby, large baby, instrumental delivery, prolonged second stage of labour) but can also happen spontaneously with no obvious risk factors.
  - **2)** Levator Avulsion: can happen spontaneously, or following the use of forceps (ACC raised the use of forceps would likely make these injuries treatment injuries, which are currently covered). This idea was previously rejected for ACC cover as it was caused by an internal force (the baby) not an external force (except with instrumental delivery). It can happen in a spontaneous delivery with no risk factors and also an instrumental birth (e.g. use of forceps).
- **The 3 Ps, factors of complexities of childbirth:** Passenger (Baby, e.g. size and position/ flexion); Passage (birthing parent; e.g. age, flexibility of muscles and ligaments) and powers (contractions; e.g. uterine activity)
- ACC Q - *What is the most acute and spontaneous obstetric injury?* Those are the ones that have characteristics to the injuries already covered by ACC
- Experts noted most (if not all) levator avulsion injuries happen at the first vaginal birth. Also noted that prolapse is not usually acute and more often presents progressively over time (with age, ethnicity and obesity noted as factors). It can present early, in the first year as a consequence of significant acute trauma at the time of birth (e.g. levator evulsion).
- Experts noted some injuries on the list are very rare (e.g. uterus rupture, 1 in 3000/4000, likely caused by an old scar from c section) ACC noted we will still want to consider these, as they are serious and consistent with the extension of cover
- Experts acknowledged that providers may abuse the list and prescribe treatment that is not necessary or is not meeting the best interest of the patients (i.e. when rehabilitation physio is the best course of action)
- **ACTION: experts to come back with RANZCOG list of injury codes to be considered**

4. Average case for each injury

- Time off incapacitated and support depends on the individual's case and the type of employment they are in (e.g. someone who is a lecturer may not be able to carry on teaching if they cannot fully control their bowel movements)
- **Experts estimated that only a small percentage of parents that experience grade 3-4 perineal tears (around 5%) would need ongoing support,** the number may be driven up if ACC funds the care and treatment of obstetric injuries
- Experts stressed the need of early intervention and physio, as sometimes surgeries are not needed. Experts explained in many cases surgery (even if eventually required) would not be performed until childbearing is completed, unless significant symptoms are not

managed with non-surgical treatments. Expressed concerns that covering these injuries through ACC may incentivise providers to recommend surgeries where patients only really need rehabilitation through physio

5. Workforce Implications and Process

- Level of unmet need is around 3000 women per year, workforce is currently a postcode lottery of care
- It was noted that training for specialist post-partum pelvic physios is available only in Australia and need to be trained to do vaginal assessments of parents or show evidence of equivalent skillset through training.
- Experts suggested an ideal scenario may be to provide ring-fenced funding to DHBs (the health system) to provide acute care and post-natal clinics and more physios; other system-oriented funding approaches could also be considered, especially through further discussions with the Ministry of Health
- Experts emphasised the likelihood of driving the service provision from public to private following the extension of ACC cover, with the potential for diverting existing surgery capabilities away from other areas of care (e.g. cancer)
- MBIE ran through the anticipated timeframes of this work, including its relationship with the Minister for ACC's proposed Amendment Bill.

Targeted Consultation on a List of Obstetric Injuries for potential cover under the Accident Compensation Scheme

Minutes, 14 July 2021

Attendees

Experts:

s 9(2)(a)

MBIE

- Bridget Duley (Principal Policy Advisor)
- Arwen Norrish (Policy Advisor)
- Kayleigh Wiltshire (Senior Policy Advisor)

ACC

- Mary Ahern (Senior Solicitor)
- Brian Hesketh (Manager, Policy)
- Adele Knowles (Clinical Advice Manager)
- Abbey Mennie (Policy Advisor)
- Dr Dilky Rasiah (Clinical Advice Manager)
- Stafford Thompson (Manager, Clinical Oversight and Engagement)
- Huaning Yang (Nellie) (Senior Actuary) (Apologies)

1. **Introductions**
2. **Background and Objectives for the Session**
   - MBIE discussed the scope. Some obstetric injuries have similar characteristics as injuries already covered. These are the types of injuries that we are seeking to propose to include as a llist. Approach of having a list has pros and cons: pros include avoiding inconsistent interpretations, but need to ensure that we have everything we need in the list
   - Cabinet Paper in August, and pending approval, aiming for introduction in December
   - Need expert input on if we have identified the right things/using right terminology. MBIE defined scope to be injuries resulting from mechanical trauma caused to birthing parents during labour and delivery, and only to the birthing parents (and not babies)
   - We currently have the national minimum dataset with injuries, have obtained input from s 9(2)(a) and s 9(2)(a) that the data is lower than what actually is in the community
   - s 9(2)(a) agreed and noted that from studies 85% suffer some degree of perineal trauma, most are first and second degree tears, around 5% suffer obstetric anal sphincter injuries (OASIS = third /fourth degree tears) this equates to 150-200 patients a year of OASIS tears out of 7000-8000 births (including caesarean) s 9(2)(a) The majority make a good recovery. Very few would have longer term implications (agreed with estimate of 5% of 5% who have suffered OASIS)

3. **Injuries to be included in the List (including points from yesterday on RANZCOG codes)**
   - ACC discussed the injuries listed, and asked if there are any missing (e.g. rare conditions)
   - s 9(2)(a) thought the list was excellent and reflected better what is seen every day, s 9(2)(a) noted third degree tear has three categories – in the OASIS guidelines and ACC responded that this would not change cover as they would be captured under third degree tear

- s 9(2)(a) recommended to expand beyond 'perineal' and also include labial tear, vaginal tear, vulvar tear, cervical tear, and clitoral tear
- ACC clarified that injuries resulting from perineal tear will be captured by perineal tear being on the list; similarly, if the injury is a result of treatment or failure to treat, it would be covered by ACC under treatment injury
- s 9(2)(a) suggested including obstetric perineal haematoma, but noted pelvic haematomas may be caused at other times, e.g. ectopic pregnancy, C-Section. Noted that a common side effect of caesarean includes bleeding. Question if injuries from caesarean births are covered – C Section is treatment so would be considered a treatment injury
- s 9(2)(a) was questioned about the causes of prolapse and noted this process is multifactorial including ethnicity, collagen elasticity, obesity, smoking and pelvic floor trauma
- s 9(2)(a) noted vaginal prolapse is consequential to levator avulsion – levator avulsion happens to 15% vaginal births, 30% of forcep deliveries – Q from ACC is prolapse consequential to levator avulsion (which is captured in the draft list)? s 9(2)(a) said yes and also said any pelvic organ prolapse can happen at times of delivery; damage often occurs with the first delivery
- All discussed and agreed to remove 'breakdown of suturing of perineal tear (any degree)' and 'pain from scar from perineal tear (any degree) from the list, as these are not personal injuries themselves but could be consequential or covered as treatment injuries

4. Average case for each injury – treatment, surgeries, time off incapacitated and support

- For anal sphincter injuries, at 6 weeks, women are often too sore to examine but physio input over this time is imperative. By 3-4 months most women have considerably less pain (e.g. are sexually active and have control of bowel function). Occasional cases require more intensive physio and a few cases with persistent faecal incontinence may require further treatment e.g. surgery.
- s 9(2)(a) noted a study over 1 year relating to MRIs done on women on levator avulsion
- There may be factors that prevent them from returning to work (e.g. faecal incontinence)
- Levator avulsion, after 8 months can still have pain, need expertise to recognise that it occurred (can be identified clinically without imaging, if imaging required it would be a 3D ultrasound scan (few providers of 3D scanning available) or using MRI. The pelvic floor is recovering over 12 months post-delivery.

5. Workforce Implications

- Physio access could be an issue (women's health physio, for the pelvic floor are important providers) but it would largely be required for women with severe perineal trauma (third and fourth degree perineal tears and levator avulsion) needing physio. ACC noted France offers 6 free physio sessions - expert noted that not everyone would need the six sessions.
- Would extending ACC cover encourage more surgeries? s 9(2)(a) noted it was a possibility, pelvic floor repairs may sometimes be done when not needed, but it is rare. To clarify – surgery to the pelvic region may be undertaken for;

  1. Perineal revision – this may occasionally be required but the majority of perineal tears heal well aligned and do not require revision. Any misuse of perineal revisions could be addressed with education and operational guidelines from ACC. ACC might want to consider setting guidelines to prevent abuse of the system.
  2. Within the first year of injury, the pelvic floor is recovering and conservative measures with physiotherapy pelvic floor strengthening is a mainstay of treatment. it is generally not in the patients best interest to conduct surgery to the pelvic floor for prolapse when oestrogen levels are low and the pelvic floor has not been allowed sufficient time to recover (e.g. while parents are breastfeeding). Pelvic floor surgery should only be undertaken once a family is complete.

- Mental injury following obstetric injury can also impact sexual function, including pain, regret not having a caesarean etc. Review in a perineal tear clinic setting can bring relief as patients understand the nature and extent of their obstetric injury.
- Psychosexual counselling is rarely required and this resource is scarce in the s 9(2)(a) s 9(2)(a) s 9(2)(a) mentioned 4-5 patients (<1%) a year may be referred for psychosexual counselling from s 9(2)(a) Some years, there may be 0-1 referrals, so volume is very small.
- ACC noted that if covering obstetric injuries, would not exclude mental injuries resulting from these as mental injuries resulting from other physical injuries are cover by ACC

6. AOB

- s 9(2)(a) raised support for a preventative strategy, with education being key– Norway, UK, and Australia rolled out large bundles to prevent severe perineal trauma, which saw a decrease in severe OASIS trauma rates.
- ACC questioned if anyone had been in touch with s 9(2)(a) regarding a pilot study/education on perineal trauma prevention (injury prevention). s 9(2)(a) registered interested in being involved

Arwen Norrish

From: Kayleigh Wiltshire
Sent: Wednesday, 14 July 2021 4:46 PM
To: s 9(2)(a)
Cc: Arwen Norrish
Subject: RE: Slides [IN-CONFIDENCE: RELEASE-EXTERNAL]

Hi s 9(2)(a),

Thank you so much for being incredibly helpful today, really appreciate you taking the time to talk to us and working through this. Okay thanks for sending that additional injury through, I will share with our ACC clinical friends.

Arwen was taking minutes of the meeting so we will send those around to you tomorrow to confirm we have captured what you said accurately and if there are any questions from us and/or ACC I will send these through.

Have a good evening.

Ngā mihi,

Kayleigh

Kayleigh Wiltshire (she/her)
Senior Policy Advisor
Accident Compensation Policy | Workplace Relations and Safety Policy
Telephone: s 9(2)(a) | Email: kayleigh.wiltshire@mbie.govt.nz

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

From: s 9(2)(a)
Sent: Wednesday, 14 July 2021 4:18 PM
To: Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz>
Subject: Re: Slides [IN-CONFIDENCE: RELEASE-EXTERNAL]

HI Kayleigh,
Just another thought on your listing

Pudendal neuropathy at childbirth - this is very rare but is always a potential area of harm.

Thank you so much for the opportunity to join you today.
Please contact me if you need any more clarification on what I have said.
Kind regards
s 9(2)(a)

On Wed, 14 Jul 2021 at 15:08, Kayleigh Wiltshire <Kayleigh.Wiltshire@mbie.govt.nz> wrote:

> Hi s 9(2)(a),

Here are the slides.

Ngā mihi,

Kayleigh

Kayleigh Wiltshire (she/her)

Senior Policy Advisor
Accident Compensation Policy | Workplace Relations and Safety Policy

Telephone: s 9(2)(a) | Email: kayleigh.wiltshire@mbie.govt.nz

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

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