

## **Subpart DB – Primary maternity single services**

### ***General information about primary maternity single services***

#### **DB1 Aim of primary maternity single services**

- (1) The aim of primary maternity single services is to support the provision of lead maternity care.
- (2) Primary maternity single services are provided in addition to usual lead maternity care or as a service sought on a casual basis outside lead maternity care.

Defined in this notice: lead maternity care

#### **DB2 Charging for primary maternity single services**

The primary maternity single services that are described and funded under this notice are to be provided free of charge to persons who are eligible to receive these services.

Defined in this notice: persons who are eligible

#### **DB3 Where primary maternity single services may be provided**

- (1) Primary maternity single services may be provided in a range of places, including:
  - (a) a woman's home;
  - (b) a baby's home (if it is different from the mother's home);
  - (c) a marae;
  - (d) the practitioner's clinic rooms or practice;
  - (e) a maternity facility; or
  - (f) a place of mutual agreement.

Defined in this notice: maternity facility, practitioner

#### **DB4 Service linkages**

- (1) Providers of primary maternity single services will maintain linkages with local providers of the following services:
  - (a) primary health services;
  - (b) LMCs
  - (c) secondary maternity services; and
  - (d) ultrasound scanning services.

Defined in this notice: LMC, primary health services, secondary maternity services

#### **DB5 Exclusions**

- (1) Primary maternity single services do not include the following:
  - (a) ultrasound scanning; or

(b) any services provided by a DHB provider arm.

Defined in this notice: DHB provider arm

**DB6 General requirements for making claims for primary maternity single services**

- (1) Payments for primary maternity single services may be claimed for services provided in accordance with this subpart.
- (2) A maternity provider must claim electronically by submitting an electronic claim file to the Ministry of Health as per clause CC5.
- (3) Claims may only be made once the module or item of service has been completed.

Defined in this notice: claim, EDD, lead maternity care, maternity provider, module, registration

**DB7 Purchase unit**

- (1) The following purchase unit code applies to primary maternity single services:

Purchase unit ID	Purchase unit description
WM1000	Primary maternity single services

- (2) Purchase units are defined in the Ministry of Health [Data Dictionary](#) and correspond to the relevant fees specified in Schedule 1.

**DB8 Service delivery information**

An LMC must submit service delivery information in accordance with the [HISO Maternity Care Summary Standard 10050.2-2020](#) and reporting requirements as specified by the Ministry of Health.

### *Primary maternity single services*

#### **DB9 Service specification: *First trimester single service***

- (1) For the *First trimester single service*, the practitioner must provide the following in-person services as required:
  - (a) pregnancy care and advice, including, but not limited to:
    - (i) confirmation of pregnancy; and
    - (ii) health information and education including nutrition, smoking, alcohol and drugs cessation advice; and
    - (iii) advice on, and referral for, time critical screening tests; and
  - (b) inform the woman regarding her options for choosing an LMC and supporting access to an LMC of her choice; and
  - (c) provide written information, including test results and relevant information, to the woman and her LMC on the care provided.
- (2) The practitioner may also provide:
  - (a) assessment, care and advice provided in relation to a termination of pregnancy, including but not limited to:
    - (i) referral for diagnostic tests, if necessary; and
    - (ii) referral for a termination of pregnancy.

Defined in this notice: first trimester, LMC, module, practitioner, termination of pregnancy

#### **DB10 Payment rules: *First trimester single service***

- (1) Only one claim may be made per woman per maternity provider per day.
- (2) A claim may only be made for an in-person consultation with a woman between the LMP date and 13 weeks 6 days gestation.
- (3) A maternity provider cannot claim a *First trimester single service* if they intend to subsequently register the woman and submit a claim for a *First assessment, registration and care planning module*.
- (4) This module cannot be claimed by the LMC with whom the woman is currently registered, in which case the *First trimester care module* may be claimed.
- (5) In the case where a woman presents to a maternity provider seeking confirmation of pregnancy but is actually in the second or third trimester, and the services outlined at clause DB9 have been provided, the maternity provider may make a written application to the Ministry of Health for a discretionary decision on payment of this module.
- (6) If a practitioner has made a written application to the Ministry of Health for a discretionary decision on payment, the Ministry of Health may approve or decline the application at its sole discretion.

Defined in this notice: first trimester, in-person, last menstrual period (LMP) date, LMC, maternity provider, module

**DB11 Service specification: Urgent single service**

- (1) A maternity provider must provide the services listed in clause (2) to a woman who:
  - (a) is pregnant; or
  - (b) is within the six-week period following birth; and
  - (c) has made an attempt and failed to access her LMC and/or the back-up LMC (where the woman is registered with an LMC); or
  - (d) is away from her usual place of residence.
- (2) The services that must be provided include:
  - (a) pregnancy care and advice in response to an acute request received where the nature of the request is acute (but not necessarily the service ultimately provided); or
  - (b) an appropriate assessment, care and treatment for a woman who presents to the practitioner for care during the six-week period following birth; and
  - (c) emergency referral to a specialist if necessary; and
  - (d) the provision of information to the woman's LMC about the care provided (where the woman has an LMC).
- (3) The maternity provider must ensure that there is auditable documentation (which must be produced, on request, to any auditors) in the woman's records of the following matters:
  - (a) where the urgent service was provided antenatally, the woman's gestation; or where the service was provided postnatally, the number of weeks and days postpartum;
  - (b) whether the woman is away from her usual place of residence; and
  - (c) the name of the LMC (where the woman has an LMC); and
  - (d) the avenues by which the woman has attempted and failed to contact her LMC and the back-up LMC; and
  - (e) evidence of the provision of information to the LMC (where the woman has an LMC).

Defined in this notice: away from usual place of residence, LMC, maternity provider

**DB12 Payment rules: Urgent single service**

- (1) Only one claim may be made per woman per maternity provider per day.
- (2) This module may not be claimed by the LMC with whom the woman is currently registered, or the back-up LMC.
- (3) This module may not be claimed for services provided to a woman in the first trimester of pregnancy by that woman's general practice, in which case the *First trimester single service* module may be claimed.
- (4) This module may not be claimed for non-acute and/or in-region consultations, in which case the woman's LMC or back-up LMC is required to provide the care.

Defined in this notice: back-up LMC, LMC, maternity provider, module

**DB13 Service specification: First trimester pregnancy loss**

- (1) For the *First trimester pregnancy loss* module the maternity provider may provide the following services:
  - (a) care and advice if there is a real and imminent risk of miscarriage, the woman is experiencing a miscarriage, or a miscarriage has occurred, including:
    - (i) all appropriate assessment and care of a woman; and
    - (ii) referral for diagnostic tests and treatment, if necessary; and
    - (iii) contraceptive and pre-conceptual advice as necessary.

Defined in this notice: maternity provider, miscarriage, module, pregnancy loss event

**DB14 Payment rules: First trimester pregnancy loss**

- (1) Only one fee is payable per pregnancy loss event (including loss of a multiple pregnancy).
- (2) A claim may be made for in-person consultations between the LMP date and 13 weeks 6 days gestation, or up to two weeks after the pregnancy loss event.
- (3) This module can be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.
- (4) This module can be claimed by the woman's LMC in addition to the *First trimester care* module.
- (5) In-person consultations for a first trimester pregnancy loss cannot be counted towards LMC *First trimester care* services.

Defined in this notice: first trimester, in-person, LMC, maternity provider, module, pregnancy loss event

**DB15 Service specification: Second trimester pregnancy loss**

- (1) For a woman between 14 weeks 0 days and 19 weeks 6 days gestation the maternity provider may attend in-person at a hospital or community setting during the pregnancy loss event to provide advice and care in collaboration with hospital services as necessary.
- (2) For a woman who has experienced a second trimester pregnancy loss, the maternity provider must provide and document the following postpartum services:
  - (a) physical assessment and care of the woman; and
  - (b) emotional support and care; and
  - (c) contraceptive and pre-conceptual advice as necessary; and
  - (d) referral for diagnostic tests, as needed, to ensure complete recovery from the pregnancy loss; and

- (e) referral to counselling services and/or social services, where available, as individual needs require.

Defined in this notice: in-person, pregnancy loss event, second trimester

#### **DB16 Payment rules: Second trimester pregnancy loss**

- (1) Only one fee is payable per pregnancy loss event (including loss of a multiple pregnancy).
- (2) This module applies to a pregnancy loss event occurring between 14 weeks 0 days and 19 weeks 6 days gestation.
- (3) The maternity provider must provide a minimum of one in-person postpartum consultation.
- (4) The *Second trimester pregnancy loss* module covers care provided for up to two weeks after the date of the pregnancy loss.
- (5) In-person consultations for a second trimester pregnancy loss cannot be included in the count of consultations provided as part of *Second trimester care services* (DA25).
- (6) The payment for *Home birth planning and supplies* (DA41) may be claimed where the maternity provider has attended a second trimester pregnancy loss event at the woman's home.
- (7) This module can be claimed for services provided to a woman on the same date as care provided in the *First assessment, registration and care planning* module as long as the pregnancy loss event occurs after the *First assessment, registration and care planning* consultation.

Defined in this notice: home birth planning and supplies, in-person, LMC, module, pregnancy loss event, second trimester

#### **DB17 Payment rules: Partial second trimester pregnancy loss**

- (1) In accordance with this clause only one of the full fee or a first or last partial *Second trimester pregnancy loss* fee may be claimed, as the case requires.
- (2) In the case where the maternity provider has attended during the pregnancy loss event to provide advice and care to the woman but did not provide the postpartum services at clause DB15(2), a partial fee will apply.
- (3) In the case where the maternity provider has provided postpartum services but did not attend in-person during the pregnancy loss event at clause DD15(1), a partial fee will apply.
- (4) If subclauses (2) to (3) do not apply, the LMC may claim the full *Second trimester pregnancy loss* fee if they meet the requirements of clause DB16.

Defined in this notice: in-person, LMC, maternity provider, pregnancy loss event, second trimester

**DB18 Service specification: Transfer support**

- (1) The practitioner must provide the following services as required to a woman or her baby:
  - (a) accompany the woman or baby in an air or road ambulance from their home or elsewhere in the community, or a primary maternity facility to a secondary or tertiary maternity facility.

Defined in this notice: maternity facility, practitioner

**DB19 Payment rules: Transfer support**

- (1) A practitioner may claim a maximum of one *Transfer support* module per woman or baby per day.
- (2) This module is claimable for air or road ambulance transfers that occur as a result of the woman requiring urgent care during pregnancy, labour and birth, and/or postpartum.
- (3) This module is claimable for air or road ambulance transfers that occur as a result of a neonate requiring urgent care after birth.
- (4) In order to be eligible to claim this module, the practitioner must accompany the woman or baby in the air or road ambulance, as the purpose of this payment is to contribute to the cost of the practitioner returning to their home or vehicle.
- (5) The level of payment for return travel will depend on the transfer starting point. The fee structure is available on the [Ministry of Health](#) website and is predicated on the [StatsNZ](#) urban area (UA) classification.

Defined in this notice: labour and birth, module, practitioner, urban area (UA) classification

**DB20 Service specification: Rural support**

- (1) A general practitioner or midwife must provide the following services as required to women during labour and birth, or during an urgent clinical event:
  - (a) urgent care and treatment to support an LMC in a rural location if the services of an obstetrician or paediatrician are needed but are not available, and the LMC requires assistance from another practitioner who has additional maternity skills.

Defined in this notice: general practitioner, obstetrician, labour and birth, LMC, midwife, practitioner

**DB21 Payment rules: Rural support**

- (1) A maternity provider may claim one *Rural support* fee per woman and/or baby per day.
- (2) This module may not be claimed by the LMC with whom the woman is currently registered.

- (3) If the *Rural support* fee is claimed, no claim for the following service may be made in respect of that labour and birth or urgent clinical event:
- (a) *Second midwife support services* under clause DB22.

Defined in this notice: maternity provider

**Fees as at 1<sup>st</sup> July 2022**

<b>5</b>	<b>Primary maternity single services</b>	
5.1	First trimester single service	\$75.00
5.2	Urgent single service	\$50.50
5.3	First trimester pregnancy loss	\$125.00
5.4	Second trimester pregnancy loss	\$165.00
5.5	Second trimester pregnancy loss – partial	\$82.50
5.6	Transfer support	Defined by claim criteria
5.7	Rural support	\$556.00
5.8	Second midwife support services	\$556.00