



# Maternal Birth Injuries

Key messages and talking points – updated **19 September 2022**

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## General

### Amendment Bill

Parliament is currently considering the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill which would expand cover to include specific maternal birth injuries as accidents. The Bill passed the Committee of the Whole House on 22 September 2022.

The Third Reading and Royal Assent are scheduled for the week commencing 26 September.

This cover is available to parents who give birth on or after 12.00am on 1 October and experience one of the injuries listed in the bill.

Up to 80% of birthing parents/whānau will experience an injury during labour or childbirth. While many of these will resolve with standard maternity care or require only low-level support, a portion will require more significant treatment and care.

Our modelling suggests around 60% of the 47,000 maternal birth injuries that occur each year, are expected to result in claims being lodged with ACC.

The AC Scheme already allows for the cover of injuries which are the result of the original injury (consequential injuries). Birthing parents can be considered for cover if they suffer a mental injury or any other physical injury caused by a listed maternal birth injury.

The proposed changes do not cover pēpi/babies injured during birth, but ACC cover for treatment injuries remains an option for them.

Previously, cover for injured birthing parents could only be considered as treatment injuries. Treatment injury cover will still be available for birthing parents where appropriate.

Maternal birth injuries have not been covered under the AC Scheme before because they do not fit the current definition of an 'accident' in the Accident Compensation Act 2001. The legislation proposes to amend 'accident' to include force or resistance internal to the human body at any time from the onset of labour to the completion of delivery.

### ACC's mahi to prepare for this new cover

Our focus for 1 October is ensuring health practitioners can lodge claims and provide treatment, and our staff, systems, and processes are ready to support our kiritaki (clients) with this new cover.

We're engaging with health professionals, sector groups and birthing parents and whānau with lived experience, to ensure access to appropriate care and support is available to whānau regardless of how they interact with the health system.

This information will inform the ways our kiritaki (clients) can access support based on their needs and consider equity of access and the likely impact on relevant workforces.

Weaving in te ao Māori perspectives is a key focus, ensuring the care available aligns with tikanga and cultural practices.

As a Crown Entity we have a commitment to Te Tiriti o Waitangi, and we're ensuring we bring insights from māmā and whānau, Māori clinicians, kaupapa Māori health practitioners and rongoā Māori practitioners into our work.

We've also set up an expert advisory group with representatives from relevant professional bodies to ensure the service will work for clients and practitioners.

*See our [acc.co.nz/maternalbirthinjuries](https://acc.co.nz/maternalbirthinjuries) for a list of organisations involved in this group.*

## General messages – pregnancy and birth

The birth of a pēpi (baby) is a life-changing moment, but it can also lead to injuries which take time to recover from.

These injuries can initially go unnoticed or be pushed aside with attention focused on caring for a newborn.

Maternal birth injuries often have long-lasting effects for parents and whānau and yet the recognition, care and support they receive can vary.

Extending ACC cover to maternal birth injuries means injured birthing parents and whānau can access the care and support they need earlier. This gets them on the path to recovery quicker and lessens the chances and impact of related injuries in future.

### **Mental distress:**

Although it's a special time, giving birth can be a traumatic and distressing experience. It's common for new parents to feel down, depressed, anxious, or suffer from the 'baby blues'.

Under the law we can only cover mental injuries that are caused by a covered physical injury.

If you are feeling distressed, please reach out for help. Talk to your doctor or midwife and let them know how you're feeling.

Birth Trauma Aotearoa has information on its website for parents/whānau suffering mental distress following a traumatic birth, including links to other organisations that can help: [Birth Trauma in New Zealand | Resources, Workshops, Support Groups | My Birth Story](#)

Parents in distress can also call or text 1737 free-of-charge, 24 hours a day, to talk (or text with) a trained counsellor and get confidential help, advice or support. 1737 is a government-funded national telehealth service run by Whakarongorau Aotearoa.

## What birthing parents have told us

We've heard directly from birthing parents and whānau from a range of situations to better understand what help is currently available and to identify opportunities to improve the experience for future ACC kiritaki and whānau.

There were some overarching themes in what we heard from parents, including inconsistent access to, and availability of, health practitioners and information based on rural or metro location.

Many felt uncertain or unsure about the injury they'd suffered and wanted access to more information about what was happening to them and who/where to ask for help.

Parents said midwives and pelvic health physiotherapists were key advocates for them to get further care and treatment.

We also heard from whānau Māori, rongoā Māori practitioners and kaupapa Māori health providers to understand the needs they have for this service and ensure services, processes and support are aligned to te ao Māori values and cultural practices.

## Key messages for providers

### Contract variations

We listened to a range of providers who have been involved in supporting and treating maternal birth injuries to better understand their experience of the current system, process and care options.

So providers and suppliers can lodge maternal birth injury claims from 1 October, we are making variations to the Allied Health, Clinical Services, Rural General Practice and Urgent Care contracts.

These include new procedure codes and the addition of Obstetricians and Gynaecologists as named providers in the Clinical Services contract.

A new procedure code for GPs working under Cost of Treatment Regulations is also being added.

Other health providers, including physiotherapists, working under Cost of Treatment Regulations will be able to deliver their services to our clients using the current codes.

We pay physiotherapists working under regulations an hourly or part-there-of funding mechanism to account for any additional time that may be required to support a client.

Providers who work with ACC under the affected contracts have been sent a copy of the contract variations for their review.

Health practitioners interested in providing their services to injured birthing parents and who don't currently work with us under the above contracts or Cost of Treatment Regulations are welcome to begin the registration process.

There is no rush or requirement to register with us before 1 October, but providers must be registered before they can lodge a maternal birth injury claim.

### How to lodge a Maternal Birth Injury claim

ACC-registered providers can lodge claims for patients within their scope of practice.

If your patient has sustained a listed injury while giving birth (on or after 1 October 2022), complete and submit an ACC45 form as you normally do.

Not every maternal birth injury will need an ACC claim lodged. You should consider lodging a claim if you believe your client will benefit from further support to help them recover. For example, it's unlikely you'll need to lodge a claim for a first- or second-degree tear you anticipate will heal without complications and within the expected timeframe.

Claims can be lodged at any time but should be for a diagnosed injury rather than the patient's symptoms.

To enable faster decision-making and access to cover, the ACC45 should note the following:

[Date of injury] as the date the birth occurred

[Injury diagnosis] as one of the correct read codes

Include 'MBI' or 'maternal birth injury' in the [additional injury comments] field

If your patient has sustained an injury outside your claim lodgement ability, you'll need to refer them to another practitioner who can lodge it on their behalf.

## Role of midwives

From 12.00am on 1 October 2022, midwives can lodge claims for maternal birth injuries within their scope of practice - labial, vaginal, vulval, clitoral, cervical, rectal, and perineal tears.

We see midwives as a critical part of the group of practitioners supporting clients with these claims.

Enabling midwives to lodge claims acknowledges their professional expertise, the close relationships they hold with women/birthing parents and their whānau, and the key role they will play in ensuring those who need it get access to this cover.

We are talking with the New Zealand Midwifery Council, the NZ College of Midwives and Ngā Māia Māori Midwives to support midwives with this change, and will provide more information, training resources and education in the lead up to and after 1 October.

Midwives will continue to be funded by Te Whatu Ora/Health New Zealand as they are now. ACC will not provide additional funding instead of, or in addition to, the funding provided through Te Whatu Ora. This is consistent with our approach for other healthcare providers who are not named as 'Treatment Providers' in the Accident Compensation legislation and are therefore unable to be paid by ACC for treatment provision.

### ***Claim lodgement process for midwives:***

Midwives working in a hospital or birthing centre should check with the facility about how to lodge a claim. Public hospitals have existing systems and processes in place for lodging ACC claims.

Midwives working in the community or in a facility (such as a birthing centre) without an existing process for lodging ACC claims, will need to register as a healthcare provider. This is so we can process these claims through our systems. Registration can be done in a few simple steps – see our website for more information.

For now, midwives not lodging claims using a hospital system will need to use paper ACC45 forms to submit claims. ACC-registered midwives can order paper forms for free at [ecos.co.nz](https://ecos.co.nz).

Completed ACC45 forms should be scanned and emailed to us to ensure fast processing of claims.

Lodging an ACC45 with the right information will mean we can make faster decisions about cover, so the woman in your care can receive the appropriate support as soon as possible. We will soon have resources on our website to help you fill these out correctly – see [www.acc.co.nz/maternalbirthinjuries](https://www.acc.co.nz/maternalbirthinjuries).

We're working on an option for midwives to lodge claims electronically from next year (2023) and will keep the sector informed.

## Role of rongoā Māori practitioners

We've created a new contracted service for rongoā Māori practitioners delivering traditional healing and rehabilitation for kiritaki/clients with a covered maternal birth injury and their whānau.

This includes some key aspects of rongoā including:

- whakawhanaungatanga (building connections and relationships)
- whitiwhiti kōrero (support and advice)
- wānanga (group sessions)
- mirimiri (bodywork), including romiromi (massage)
- hōmiri (sound healing)

Notification of this contract was sent to ACC-registered rongoā Māori practitioners on 16 September, with contractual documents expected to be sent shortly (**w/c 19 Sept**).

This contract is an acknowledgement of the role and place of rongoā Māori as a holistic way of care and healing and builds on services which our existing ACC-registered providers deliver as part of our social rehabilitation pathway.

For our kiritaki with a covered claim, this means they can access rongoā Māori services that support their recovery and return to independence.

Practitioners can continue to work with their clients as they currently do (a maximum of four sessions without prior approval) and don't need to sign up to this contract to provide services for those with a covered maternal birth injury from 1 October 2022.

The major difference in the contract is the increase in sessions without prior approval rising from four to 16.

Our whāinga (aim) is for whānau Māori to easily access culturally appropriate and safe care, which is rooted in tikanga Māori, mātauranga Māori and te reo Māori through the Accident Compensation Scheme.

During the development of this service, we explored the possibility of a pre-cover lodgement framework for maternal birth injury claims. This has not been included in this version of the contract. We know this may be disappointing for some but is still an area we'll be continuing to explore, elevate and progress after 1 October.

## **Education and resources**

We're developing training resources to help providers understand and prepare for this change. These will be available on our website soon, along with other detailed information for providers - see [www.acc.co.nz/maternalbirthinjuries](http://www.acc.co.nz/maternalbirthinjuries)

Resources are also being developed for birthing parents and to help providers talk to their patients/clients about what cover is available. Basic information will be available on our website from 1 October, with more to follow.

Resources are being created and tested with input from our expert advisory group to make sure they are fit-for-purpose.

We're also working with a range of professional bodies to inform the healthcare sector about this change.

## **List of covered maternal birth injuries**

The following is a list of specified injuries included in the legislation:

- Anterior wall prolapse, posterior wall prolapse, or uterine prolapse
- Coccyx fracture or dislocation
- Levator avulsion
- Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethra
- Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)
- Obstetric haematoma of pelvis
- Post-partum uterine inversion
- Pubic ramus fracture
- Pudendal neuropathy
- Ruptured uterus during labour
- Symphysis pubis capsule or ligament tear

### **More information**

Our website has information about the maternal birth injury work:

[www.acc.co.nz/maternalbirthinjuries](http://www.acc.co.nz/maternalbirthinjuries)