Tena koutou
To all Lead Maternity Carers

**Well Child Tamariki Ora Quality Improvement Project:**
For those of who are not aware, the Well Child Tamariki Ora (WCTO) Quality Improvement project is a national project that has been funded by the Ministry of Health. The aim of this project is to improve the quality of the WCTO programme and health outcomes for children aged 0-5.
The Well Child Tamariki Ora Quality Improvement project manager for the South Island is Anna Foaese. Anna has a clinical background in midwifery as well as experience in DHB quality and management. She is based in Christchurch, at the South Island Alliance Programme Office.

**NZCOM representative:**
Kate Nicoll, a lead maternity carer (LMC) midwife based in Christchurch, is the NZCOM/LMC representative for the South Island on the WCTO governance group. Although the project is based at the South Island Alliance Programme Office in Christchurch (an alliance of the five South Island DHBs). Hence, the WCTO project supports all five DHBs and any other services that intersect with the WCTO programme, including LMCs, WCTO providers, B4School Check nurses, PHOs, GPs, and Ministry of Education.

A significant part of this project is providing LMCs with updates regarding child health services and networking opportunities. One area for this is the WCTO Quality Improvement newsletter which can be accessed via: http://www.sialliance.health.nz/our-priorities/well-child-tamariki-ora/news/.
We also aim to improve the connection/links between clinicians, such as LMCs and WCTO services. The goal being improved communication, particularly around vulnerable families/whānau, networking and understanding of services available for families/whānau.

**WCTO provider services:**
The WCTO quality improvement project aims to support LMCs to become more aware of WCTO services. There has been historic confusion that a GP can provide WCTO services to families/whānau who choose not to enrol with a WCTO provider. The WCTO programme is a package of universal health services offered free to all New Zealand families/whānau for children from birth to 5 years. The programme includes 12 core contacts as well as a general practitioner check at 6 weeks, linked to the 6-week immunisations. The WCTO core contacts have separate funding and are not the checks provided by a GP. A GP can obviously do health checks on a baby but it is not a WCTO check.

**Enrolment and transfer of clinical care:**
An important part of communication between providers are the enrolments/referrals and clinical hand over. As an LMC claiming under Section 88 you are obligated to: 'give a written referral to a WCTO provider before the end of the 4th week following birth'[1] 'A transfer of the care of the baby from the LMC to a WCTO provider must take place before six weeks from birth.'[2] Under NZCOM Standards of practice and Turanga kaupapa, LMCs have benchmarks for their practice.
Standards 7 and 9, as well as Turanga Kaupapa: Mana; Hau Ora; Manàkitanga and Mokopuna, all provide clear guidance in this.

[1] Section DA9, p 1061 Maternity Services Notice Pursuant to Section 88 of the New Zealand Public Health and Disability Act 2007
[2] Section DA9, p 1061 Maternity Services Notice Pursuant to Section 88 of the New Zealand Public Health and Disability Act 2007

It is important to remember to discuss the options and services of WCTO providers in your area antenatally, so that a whànau can make an informed decision. In Nelson Marlborough, West Coast and South Canterbury a notification as part of Newborn Multi enrolment is sent to the nominated WCTO provider directly from the birthing facility, however, this is not a referral or clinical hand over. Information transfer for most LMC occurs via a paper-based referral form by four weeks postnatal. Best practice would then be to update this information for clinical handover by six weeks (discharge from LMC care) and in some instances a phone conversation with the WCTO provider would be appropriate to ensure that relevant and up-to-date information is received. Examples where this would be useful could include: updating contact details to ensure that the WCTO provider has the up-to-date contact details for the whànau and sharing information around breastfeeding issues; traumatic birth experiences or concerns around domestic violence. Ideally, this would be done with consent from the woman.

According to the 2013 WCTO Programme Quality Review, 'Parents assume that health providers offering services at this time are sharing information to ensure their baby and family/whànau receives all their entitlements, care and support needed.' In several regions throughout Aotearoa/New Zealand, WCTO providers have instigated a system where they text LMCs when they have received a referral form and have made contact with the woman. This feedback loop is an area we are aware needs improvement and we would be interested to hear of suggestions of how to do this, with the possibility of testing some of these on a small scale initially to see whether it is worthwhile and appreciated by all parties.

If the LMC believes it will benefit the development of an effective relationship between the families/whānau and WCTO provider, there is an ability for a WCTO provider to become engaged with families/whānau antenatally or to have an early postnatal visit (at 2 weeks). These additional visits can occur as a joint visit with the families/whānau, LMC and WCTO clinician to help the transition process for the families/whānau from one trusted provider to a new provider. One LMC midwifery practice in Christchurch is testing the ease and usefulness of a verbal handover via phone from themselves directly to the woman's WCTO provider. Using the Model for Improvement: Plan-Do-Study-Act cycle they will choose 5 whànau over one month, and at the time of enrolling the pèpi with the WCTO provider will request to make direct contact with the WCTO clinician who will be working with the whànau. They will then hand over any concerns and ask the WCTO provider how useful this was as well as assessing for themselves how easy it was to incorporate this into their daily work. For more information about quality improvement follow this link:
http://www.sialliance.health.nz/our-priorities/well-child-tamariki-ora/get-involved/

If you have any suggestions/queries or improvement ideas that would support LMCs and the project aims please inform Kate: k.t@paradise.net.nz or Anna: anna.foaese@siapo.health.nz

**References**:

Well Child Tamariki Ora Programme Quality Review, June 2013
www.health.govt.nz/system/files/documents/well-child-tamariki-ora-programme-quality-review-jul14.pdf
www.health.govt.nz/system/files/documents/publications/changes-well-child-framework.pdf

Primary Maternity Services Notice 2007
http://www.health.govt.nz/publication/section-88-primary-maternity-services-notice-2007
https://www.midwife.org.nz/quality-practice/standards-of-practice