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Giving Waitemata babies 'the best start in life'

Waitemata District Health Board has given in-principle approval to plans to establish an urban primary birthing unit - a direct response to community requests to provide more choices for the district's population.

The unit would be built on the Waitakere Hospital site and the Board is now doing investigative work that will establish timeframes, with a goal of completion in the 2019/2020 financial year.

The proposed 500m² facility will be designed with input from the community, clinicians and other key stakeholders to ensure a culturally appropriate space with flexible bed capacity.

It could also cater for the colocation of pregnancy and parenting classes as well as various other services for parents and infants.

Over 2800 babies were born in Waitakere in the year ending June 2017 and that number is expected to rise by up to 700 infants per annum by 2025. Overall population growth across the Waitemata district is also set to rise by 15% over the same period.

"The greatest demographic growth is predicted in the west, which is why we are initially focussing our efforts on Waitakere," Waitemata DHB Director of Funding Dr Debbie Holdsworth says.

"We undertook an extensive community consultation to understand what our community wanted from this facility and how it would be used. Overall, the community was significantly in favour of a West Auckland-located facility run by Waitemata DHB.

"The needs of other parts of our district will be addressed in the next stages of our ongoing investment in supporting mothers and their babies."

Dr Holdsworth says the Waitakere site was among a range of scenarios explored for an urban option. "It is well-known to our community and we have suitable land available which will make starting this project much easier," she says.

"This could well be the first phase of a broader programme to develop more fit-for-purpose, primary birthing units in Waitemata once the Waitakere model is up-and-running successfully."

Waitemata DHB already funds rural primary birthing units in Helensville, Warkworth and Wellsford. All are well-used and deliver excellent outcomes for mothers and babies.

The DHB hopes the provision of a new unit will encourage more women to give birth naturally.

International and national research shows giving birth in a primary birthing unit is safe and increases the likelihood of vaginal birth.

Waitemata DHB Head of Division for Midwifery Emma Farmer says normal birth offers the best outcomes for most mothers and babies – decreasing risk of post-surgical complications and making a swifter recovery more likely.

“In recent years, we have seen a rise in the rate of caesarean births. These can be life-saving procedures but were never intended to be routine for well women with normal pregnancies.

“We want to be able to offer women an alternative to hospital birth in a home-like environment. This will not be suitable for mothers with complex pregnancies but it will help those with normal pregnancies who want normal births.”

A national report released by the Health Quality and Safety Commission in August says Waitemata DHB’s perinatal mortality rate is among the lowest in New Zealand.

The news is welcomed by a number of external stakeholders including the Auckland Region New Zealand College of Midwives.

“We congratulate Waitemata DHB on its foresight in support of this unit,” regional chairwoman Helenmary Walker says. “This is a win/win for women, babies and their families.

“The development of this unit will provide more choices around birthing and a supportive environment for women/babies and their families following the birth.”

West Auckland-based Lead Maternity Carer Sue den Hartog says midwives will be excited to have a facility close-at-hand.

“Up until now, they have had to travel to Helensville Birthing Centre or into the busy city to Birthcare Parnell,” she says. “We have one of the highest rates of normal birth out of the greater Auckland region’s three DHBs and the population is growing rapidly.

“Research has shown that the outcomes for low-risk women birthing in a primary unit are improved and we are thrilled to see this development come to fruition.”

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