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**Consumer Participation in Maternity Service Development in
New Zealand in the 1990s: An Applied Model for Use in
Health Service Planning and Evaluation.**

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Abstract

In New Zealand throughout the 1990s, primary maternity services were the subject of considerable debate. The funders of public health services clearly signaled early in the decade that a reconfiguration of the framework for funding primary maternity services was imminent, and proceeded to involve both health professionals and consumers in discussions about the emerging new framework. The chief feature of the new framework which was implemented in 1996 was the concept of the lead maternity carer – a health professional nominated by each pregnant woman to provide and co-ordinate her care throughout the maternity episode.

The body of research work which is the main focus of this thesis commenced prior to the 1996 implementation of the new framework. It took the form of a sampling frame for consumer perceptions of maternity services, with data collection periods in 1995, 1997, and 1999. Throughout this period, approximately 70 women were interviewed and over 3,000 responded to surveys. The main objectives for this sampling activity were to ascertain whether or not women's satisfaction with maternity services changed following implementation of the new framework, and to identify particular aspects of service delivery where changing levels of satisfaction were evident. In general, the new style of maternity service delivery was evaluated positively by research participants. Satisfaction with most aspects of primary maternity care remained constant and high for each data collection period.

The core objectives evolved as the study progressed to include the proposition of a model for best ensuring consumer participation in health service development during periods of major change. The model consists of prospective and retrospective consultation, consumer representation during the process of detailed and final decision making, and a longitudinal sampling frame for consumer perceptions which includes pre and post implementation phases. The application of this model to the reform of primary maternity services in the 1990s enabled consumers to exert influence over the nature of the changes and to be instrumental in the validation and retention of those changes.

The model proposed here has broader applicability to major reviews of other health services. Decision makers in the health arena will come to rely on mechanisms such as the model outlined in this thesis in order to plan effectively, educate and inform the public, and achieve decision making which is sanctioned by communities, against the backdrop of inevitable fiscal constraint, burgeoning demand and competing priorities for public health funding.

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Glossary and Abbreviations

fono	meeting (Pacific Island)
hui	meeting (Māori)
iwi	tribe
Pākehā	European, not Māori
whānau	Māori customary extended family
kura	short for kura kaupapa – Māori language immersion school
ACC	Accident Compensation Corporation
AHB	Area Health Board
CHE	Crown Health Enterprise
CRHA	Central Regional Health Authority
DHB	District Health Board
DMSRC	Domiciliary Midwives Standards Review Committee
GP	general practitioner
HBA	Home Birth Association
HBL	Health Benefits Ltd
HFA	Health Funding Authority
HHS	Hospital Health Service
KYM	Know Your Midwife scheme
LMC	lead maternity carer
Notice	<i>Notice Issued Pursuant to Section 51 of the Health and Disability Services Act 1993 Concerning the Provision of Maternity Services</i> (1998). Wellington: Health Funding Authority
NZCOM	New Zealand College of Midwives
NZHIS	New Zealand Health Information Service
NZMA	New Zealand Medical Association
RHA	Regional Health Authority

Cited Acts of Parliament

Nurses Act (1971)

Amendment to the Nurses Act (1983)

Amendment to the Nurses Act (1990)

Area Health Boards Act (1983)

Health and Disability Services Act (1993)

New Zealand Public Health and Disability Act (2000)

Social Security Act (1938)