

## Memorandum

<b>To:</b>	CCDM and TC Coordinators, Directors of Midwifery and Directors of Nursing, MERAS and NZNO
<b>From:</b>	SSHW National Acuity Consultant and National Midwifery Advisor
<b>Subject:</b>	<b>Clarification and confirmation of TrendCare patient types to use when pregnancy loss and/or Termination of Pregnancy (TOP) is experienced at different gestations</b>
<b>Recommendation:</b>	All District maternity/women's health inpatient services to ensure the correct use of Trendcare patient types as identified in this Memorandum
<b>Date:</b>	21 December 2023

### Purpose

This document clarifies and confirms the TrendCare patient types to use across the pregnancy continuum regardless of location of care.

### Recommendation

- CCDM MAG recommends and endorses the following TrendCare patient types for use in inpatient maternity settings

Table 1 – TrendCare Patient types for Pregnancy loss/Termination of Pregnancy

TC Patient Type	Pregnancy Gestation
<b>Medical Gynaecology (MEG)</b>	For pregnancy loss and/or termination of pregnancy <20/40 weeks gestation
<b>Preterm Labour (LPT)</b>	For pregnancy loss and or mid-term termination of pregnancy >20/40 but <36+6/40 gestation
<b>Labour (LAB)</b>	For pregnancy loss and or late-term termination of pregnancy ≥37/40 gestation

*TrendCare systems, Australia have agreed to the use of the following patient types in the above clinical conditions.*

### Background

Prior to 2020, the location of where pregnant wāhine experiencing pregnancy loss were cared for when inpatient stay was required, was informed by the pregnancy gestation i.e. <20/40s – Gynaecology ward, >20/40s – Maternity.

In March 2020, a number of current legislated Acts had changes which largely decriminalised abortion, better aligned the regulation of abortion services with other health services and modernised the legal framework for abortion services in Aotearoa, New Zealand. These changes are seen in the primary legislation for abortion, including the Contraception, Sterilisation and Abortion Act 1977 and Crimes Act 1961; and to the Health Practitioners Competence Assurance Act 2003 and the Health and Disability Commissioner Act 1994.

The key changes:

- Allow a woman to self-refer to an abortion service provider
- Allow a wider range of registered health practitioners, not just doctors, to provide abortions e.g. midwives
- Remove the requirement that abortions may only be performed in licenced premises

This is leading to changes in the location of where medical abortion services are being provided; for midwives this can be in the community and for mid and late term midwifery led abortion care within an appropriate facility.

In February 2022 Te Tatau o te Whare Kahu/ Midwifery Council NZ agreed to regulate midwifery-led abortion care through an additional scope of practice.

The location of the care received by women experiencing pregnancy loss and/or terminations of pregnancy (TOP) is progressively changing with more <20-week pregnancy losses/TOPs and mid-trimester TOPs occurring within maternity services.

## Current Situation

Care provision of women experiencing loss and/or TOPs is becoming more prevalent in maternity inpatient services. This has led to queries received by SSHW unit to clarify the TrendCare patient types to use for pregnancy loss/TOPs across the pregnancy continuum.

The National CCDM Maternity Advisory Group (MAG) have considered this request and reviewed current patient types with TrendCare to provide nationally consistent guidance to adhere to.

## Conclusion

Use these TrendCare patient types, as per Table 1, as soon as is practicable in District inpatient maternity services.