

SERVICE SPECIFICATION | PREGNANCY AND PARENTING EDUCATION SERVICES

Note: The information set out in this Service Specification is only intended to be indicative of the service specification that will be executed as part of the Agreement. The Specification may be adjusted during negotiations with the selected Providers.

This Service Specification should be read in conjunction with the MOH Pregnancy & Parenting Information & Education Tier Level 2 Service Specification available at <http://nsfl.health.govt.nz/service-specifications/current-service-specifications/maternity-service-specifications> . The selected Provider(s) will be expected to comply with the MOH Service Specification in addition to this Service Specification.

Background

The transitional phase between life before children and becoming a parent is a period when pregnant women and expectant fathers are particularly responsive to, and proactive in, seeking health information. Having the knowledge and information required to have a healthy pregnancy that leads to having a healthy mother and baby is critical. This knowledge is the foundation for building on parenting skills and subsequently improving infant and maternal health outcomes.

Not all women are able to access quality antenatal education and support which meets their needs. A New Zealand study that describes women’s access to and perception of childbirth education services offered by providers across New Zealand¹ found that just over 41% of pregnant women attended childbirth education in New Zealand. Maaori and Pacific women were under-represented, mainly because of cultural, transport, child care and language barriers. Women most likely to attend were first-time mothers, tertiary educated, of NZ European ethnicity and high income earners.

The research found that pregnancy and parenting education² needs to be relevant to and accessible for women from different cultural groups and backgrounds. Recommendations included providers developing innovative ways to engage with whaanau and looking at how to break down barriers to their participation. Ideally engagement should start as early as possible during pregnancy and promote a whaanau and extended family approach. Providers will need to consider how the support diverse cultural and individual needs that could clash with the established ways of doing things with an assimilatory system. Pregnancy and parenting education approaches are no longer limited to a series of group sessions – alternate approaches include whaanau and extended whaanau forums, fathers/partners-only forums, ethnic specific forums, drop-in forums and forums in waananga settings.

¹ Dwyer, S. (2009). Childbirth education: Antenatal education and transitions of maternity care in New Zealand.

² ‘Pregnancy and parenting education’ is used to replace other terms that are used in the sector such as ‘childbirth education’ or ‘antenatal education’, neither of which are favoured by different health professionals or whaanau. The term ‘education’ is also viewed negatively by some as it denotes a one-way learning process, when in fact effective programmes are a two-way process. ‘Forums’ is used in place of ‘workshops’, ‘classes’ or ‘sessions’ as an interim means of removing the stigma associated with existing pregnancy and parenting classes of being teacher/student/classroom oriented.

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1. Definitions

In this Service Specification:

Counties Manukau Health means Counties Manukau District Health Board.

Priority Population means Service Users, and the whaanau of Service Users, who: (a) have not had any children previously (first time parent); (b) identify as Maaori; (c) identify as Pacific; (d) are teen parents.

Service Users means:

- (a) pregnant women living in the Counties Manukau Health catchment area;
- (b) parents of new babies (including adoptive parents) living in the Counties Manukau Health catchment area; and
- (c) the whaanau of pregnant women and parents of new babies who live in the Counties Manukau Health catchment area.

Services means the Pregnancy and Parenting Education Services described in this Service Specification.

Provider means the selected individual(s)/organisation(s) selected by Counties Manukau Health through the multistage procurement process to deliver the Services.

2. Summary of the Services Sought

Counties Manukau Health is seeking to engage a number of Providers to deliver tailored, targeted, free and face to face Pregnancy and Parenting Education Services (Services) to: pregnant women living in the Counties Manukau Health catchment area; (b) parents of new babies (including adoptive parents) living in the Counties Manukau Health catchment area; and (c) the whaanau of pregnant women and Eligible parents of new babies who live in the Counties Manukau Health catchment area (Service Users).

The selected Providers will be required to pay particular attention to meeting the needs of first time parents; Maaori parents; Pacific parents; and teen parents (or the whaanau of parents within these groups) (Priority Population). Maaori, Pacific and Teen Parents are included within the Priority Population as research indicates that these groups consistently do not engage with education or health services and have the poorest health and social outcomes.

The selected Providers will need to consider innovative approaches of engaging, supporting and retaining women and whaanau to complete the 12 hours of pregnancy and parenting education. Selected Providers will also need to use a multipronged approach that focuses on engagement first and the use of engagement principles effective for the Priority Population groups.

The selected Providers will be required to deliver the ‘Mokopuna Ora – Healthy Pregnancy and Baby’ Pregnancy and Parenting Education Curriculum (refer to **Appendix A**). The curriculum ‘Mokopuna Ora’ is a structured framework that begins during pregnancy and ends postnatally in the care of the infant, mother, father and whaanau. The curriculum covers each of the topics outlined in the Ministry of Health Service Specification and is designed to meet the information needs of women and whaanau during pregnancy that ultimately led to improved infant and maternal health, and positive parenting outcomes.

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The selected Providers will need to put significant emphasis on creating and facilitating effective approaches to ensure achievement of its objectives and outcomes. This is dependent firstly on engaging effectively with participants and understanding the needs of the woman and their whaanau. No amount of tools, resources and capacity will make a difference to health outcomes without a focus first on engaging with mothers, fathers/partners and whaanau. There is no single correct approach for engaging with pregnant women as many will exhibit wide-ranging levels of health literacy and diverse health and social needs; hence, consideration needs to be given to several strategies in order to effectively reach all whaanau, particularly young mothers and those identifying as Maori, and /or Pacific.

The selected Providers will encourage, actively support and facilitate early engagement with a midwife within the first 12 weeks of pregnancy.

The Services delivered will be evidence based, culturally appropriate and designed to meet the needs of the Service Users, including consideration of specific programmes for the Priority Population. The Services will be structured and delivered in ways that are relevant to the needs of the different localities (Localities)³ (refer to **Appendix B**). The selected Provider will use a variety of methods to meet the needs of the Priority Population groups focusing on engagement first and the use of engagement principles effective for the Priority Population groups.

The selected Providers will work in partnership with the Maternity Service Development Manager, clinical leadership and locality leadership in all aspects of service design, delivery and monitoring.

3. Service Objectives

3.1. General

Counties Manukau Health wishes to purchase the Services to ensure that all babies have the best possible start to life during pregnancy and the first year of life. More specifically, it is envisaged that provisions of the Services will:

- provide parents and whaanau with targeted and tailored pregnancy and early parenting information, education and support to help prepare them for pregnancy, childbirth and parenthood and making informed choices
- encourage and actively support early engagement with a midwife (within the first 12 weeks of pregnancy)
- encourage and actively support breastfeeding including linking parents with local breastfeeding support services
- provide parents and whaanau with opportunities to share their experiences and form new social networks with other expectant parents.

³ CMDHB manage and provide health services by locality. Counties Manukau is made up of four geographical areas (localities) where health services are delivered: Franklin locality, Manukau locality, Otara/Mangere locality and Eastern locality

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3.2. Maaori Health Objectives

The selected Service Provider will:

- consider and provide advice and support around pregnancy and parenting issues of specific cultural significance for Maaori;
- ensure that information resources and education forums are culturally appropriate and delivered in a manner that takes account of Maaori cultural values and beliefs; and
- consult and include Maaori in the Service’s planning and delivery.

4. Service Users

The selected Providers shall deliver the Services to the Services Users (as defined in section 1 of this Service Specification). The selected Providers will aim to engage with Service Users as early as possible during the pregnancy and promote a whaanau and extended family approach.

The Services will be available to all parents residing in the Counties Manukau Health catchment area. Having said this, the selected Providers must ensure that the Services are particularly focused on, targeted to, and tailored to meet the needs of, the Priority Population groups (as defined in section 1 of this Service Specification).

5. Access

5.1. General

Access to the Services is via self-referral, referral from a health professional, or other health, education, social service provider or community group.

5.2. Location

The Services will be provided in appropriate community-based venues as agreed between Counties Manukau Health and the selected Providers.

All venues must:

- be easily accessible (within walking distance, e.g. 2.5 km radius or accessible through public transport);
- be located in the community, local, popular and in or near a location that is used frequently, preferably with or near playgrounds or crèches for other children to use;
- have a relaxed and inviting safe atmosphere;
- allow for privacy (e.g. have a door that closes);
- be comfortable, with chairs and tables for food;
- have safe and easily accessible e.g. wheelchair access, pram/buggy access to clean and serviced toilets within the facilities;

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- preferably have a kitchen or sink space for hot drink preparation with a kettle or zip which meets safety requirements for keeping young children/babies safe;

Examples of appropriate community-based venues include: youth hubs, teen parent units, social service hubs, marae, churches, Well Child/Tamariki Ora provider rooms, libraries, child-friendly places for pregnant women with children, community clinics or halls.

5.3. Timing

The Services will be provided at times and for a duration that meet the needs of the Service Users. Specific times and durations will need to be agreed between Counties Manukau Health and the selected Providers and will likely include weeknights and weekends.

‘Mokopuna Ora – Healthy Pregnancy and Baby’ Pregnancy and Parenting Education Curriculum provides guidance on how the pregnancy and parenting education programme could be delivered such as the timing of each session (e.g. which trimester the session is held in) and the length of the programme (e.g. six weeks).

The length and content of each session will be determined by the facilitator and will be tailored to Service User needs. In determining Service Users’ needs, the educator should prioritise and/or indicate which modules are most relevant to them based on their individual pregnancy requirements.

5.4. Exit Criteria

The selected Providers will provide information and education to Service Users throughout pregnancy and following birth until the newborn child is six weeks old. Prior to the birth and exiting the Services, Service Users will be provided with information on how to enrol and access ongoing child health and parenting services in their area.

6. Service Components

6.1. Group Education Programmes / Forums

The selected Providers will deliver targeted and tailored group-based education programmes/forums on pregnancy, childbirth and early parenting.

As considered to best meet the needs of the Service Users and/or Priority Population groups, the selected Providers may deliver block, one-off or drop-in education programmes/forums on individual topics or modules. This may include whaanau and extended whaanau education programmes/forums, fathers/partners-only education programmes/forums, ethnic specific education programmes/forums, drop-in education programmes/forums and education programmes/forums in waananga settings. The need for block, one-off or drop-in education programmes/forums will be outlined in the Service Plan and agreed between the Providers and Counties Manukau Health.

The needs of the Service Users in relation to timing of Services will be assessed locally and detailed by the selected Providers in their Service Plans.

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Each Group Education Programme/Forum will:

- be provided for a minimum of a total of 12 hours, over a number of forums throughout pregnancy and, as appropriate, until the newborn child is six weeks old;
- utilise a tailored targeted approach to pregnancy education and support services for whaanau – a multi-pronged approach that focuses on engagement first and the use of engagement principles effective for different groups such as Maaori, Pacific and youth;
- promote the whaanau and extended family approach – engagement with as many members of whaanau as possible, especially fathers/partners and grandparents;
- actively support and facilitate early engagement with a midwife within the first 12 weeks of pregnancy;
- actively promote and support breastfeeding, taking into consideration the findings and recommendations from the Counties Manukau Infant Nutrition Project Needs Assessment, and linking parents and whaanau with local breastfeeding support services
- have a preventative focus – utilising key elements of social innovation to help provide an environment of knowledge, awareness and empowerment that impacts on all members within whaanau;
- be developed with their community and designed to meet the needs of the individual parents, including consideration of specific programmes for different groups of parents e.g. young / teenage parents, Maaori, Pacific, Asian, and parents with limited comprehension of the English language;
- include participants at a similar stage in their pregnancy, where possible;
- use a health literacy approach that supports and enhances the parents’ confidence to make informed decisions throughout pregnancy, childbirth and parenting;
- be tailored and targeted to focus on and meet the needs of priority Service Users;
- be delivered in a way that enhances participation and empowerment of pregnant women, fathers/partners and whaanau to make informed decisions about their health, and that of their newborn baby;
- reflect evidence-based best practice, apply principles of respectful and non-blaming communication, and be delivered in a spirit of partnership between the facilitator and Service Users;
- be delivered by an experienced and culturally competent facilitator with culturally appropriate content, tailored resources and tools;
- respond to participants cultural needs and acknowledge their values and beliefs;
- acknowledge and engage with the wider context of whaanau, extended whaanau (including the multiple and diverse configurations of whaanau that exist outside of the dominant nuclear family);

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- utilising a range of resources with associated techniques and tools for maximum learning opportunities;
- respond to the individual needs of pregnant women while meeting the service component requirements detailed this Service Specification and the MOH Service Specification;
- acknowledge different life situations and needs of pregnant women to encourage their participation and completion of the programme;
- consider education needs of fathers/partners; and
- ensures the service and information is culturally appropriate, is safe and upholds the principles of the Treaty of Waitangi.

6.2. Education Programme / Forum Curriculum Specifications

The selected Providers will deliver the Services in accordance with the ‘Mokopuna Ora – Healthy Pregnancy and Baby’ Pregnancy and Parenting Education Curriculum (PPIEC).

The PPIEC is a pregnancy and parenting education guide that covers each of the topics outlined in the Ministry of Health’s service specifications, providing information, methods, advice and/or tips that will increase the likelihood of participation.

The PPIEC identifies cultural worldviews and traditional beliefs about pregnancy, labour and birth to incite discussion with pregnant women and their whaanau about what they know and believe about pregnancy, and how to nurture the development of a healthy baby. The PPIEC prioritises antenatal and postnatal issues that are significant to all mothers, fathers/partners, whaanau and other carers.

The PPIEC has a core curriculum component comprising an introduction section plus six modules. In addition to the core component, two modules have been developed to further support facilitators understanding and engagement with Maaori parents and teen parents. The selected Providers will use these two modules in conjunction with the core curriculum when delivering forums to these groups. The selected Providers will use the Tapuaki module when delivering forums to Pacific peoples.

It is important to note that the PPIEC is insufficient as a stand-alone tool. The success of a pregnancy and parenting education programme focused on key groups is dependent on many factors, but of significant importance are the skills and expertise of the facilitator. Refer section 7 Educators and Course Facilitator.

6.3. Additional Service Components

In addition to delivery of the education content, Service Users accessing the Service will be:

- actively supported to engage with a midwife within the first 12 weeks of pregnancy;
- encouraged to exchange contact details and form ongoing informal postnatal support groups.

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7. Educators and Course Facilitators

7.1. A Two-Person Buddy Approach

A two-person buddy approach is recommended because it is difficult to find one person that meets all of the necessary requirements to make an excellent facilitator. The standard practice with community health education is to have two people lead meetings – one to provide the technical information and the other to act as a cultural liaison person. This approach provides the benefits of bringing together a set of skills, provides a wider breadth of experiences and perspectives to draw on and provides more individual one-on-one time to assist with effective engagement with the pregnant woman and her family members. It also enables facilitators to assess and reflect on their roles and jobs with other individuals.

Either the childbirth educator / midwife delivering the course or the ‘buddy’ to the person co-ordinating the course can act as the facilitator, or they can take turns to deliver portions of the programme.

7.2. Educator and Course Facilitator Specifications

The educators / course facilitators who run the group education programme / forums will:

- have knowledge, skills and experience in the maternity and early childhood areas
- have completed or be working towards a recognised qualification in childbirth education
- have completed or be working towards a recognised qualification in adult education or childbirth education or have a demonstrated ability to facilitate group education
- meet and maintain the required competencies
- have strong links with the communities of the parents and other service providers within these communities.

The array of skills required of educators/ course facilitators is vast but also essential to the success of the programme. In addition competencies above, essential facilitator traits and skills include the following:

- Culturally and age appropriate – for young people and for Maaori, having someone that was able to engage and understand them at a cultural level was important, particularly when expressing traditional worldviews about pregnancy and parenting.
- Being relatable – if facilitators are working with a young group of people, or Maaori, their experiences and age need to reflect this.
- Interactive – facilitators need to be active and not just teach information. It is important to be creative and keep the content alive.
- Ability to provide information that is understandable – participants want information they can relate to and understand; however, they do not want to have this dumbed down.

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7.3. Cultural Facilitator / Buddy

The cultural facilitator / buddy will:

- be of the same ethnicity of the group OR has a strong understanding of best practice engagement with the ethnic group
- be culturally aware and responsive to the needs of the group
- preferably is fluent in their language when an ethnic-specific group has been targeted
- have good technical base knowledge of maternal and infant health
- have good life skills and understanding of ‘lived realities’ of whaanau with different ethnicities
- engage well with young parents
- have local knowledge and connections
- have the skills to encourage discussions between participants and draw on recent research evidence to enhance discussion
- be skilled in time management and working to deadlines
- have the ability to create a feeling of safety and security for participants
- be connected to and able to find guest speakers when required, including someone to host or facilitate a fathers/partners session
- be familiar with diverse worldviews relating to pregnancy and parenting.

7.4. Training and Professional Development

Training and professional development must be provided to enable educators and facilitators to maintain the required competencies.

Each programme will ideally be co-ordinated by one person (the educator or facilitator). Guest speakers, other parents and pregnancy and parenting experts will also contribute as appropriate.

The educators / course facilitators will be required to:

- complete the PPIEC training which comprises a one-day workshop and one-hour online training course on implementation of the Pregnancy and Parenting Information and Education Curriculum;
- complete a follow-up survey six months after the PPIEC training has been undertaken;
- complete a refresher course one to two years after the initial training to provide an update on information and key messages; and

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- complete other training as required by Counties Manukau Health to keep abreast of local initiatives, associated training and referral pathways.

7.5. Education Service Referral Process

The Provider will:

- provide an electronic registration process to the appropriate Education Service for referrals from both other service providers / agencies and self-referrals
- register parents, and ensure the parent is registered with an appropriate Education Service or provided with details of how to access the Information Component of the Service and other pregnancy and parenting related services
- provide effective two way communication (including text messaging) and follow up all referrals received
- include an outreach recruitment approach in communities to improve access to the Service as needed

8. Access and Acceptability

The selected Service Providers will improve its access and acceptability for Service Users, by:

- responding to the individual needs of the Service Users while meeting the service component requirements
- acknowledging different life situations and needs of Service Users to encourage their participation and completion of the programme
- considering education needs of fathers / partners
- ensuring the Service and information is culturally appropriate, safe and upholds the principles of the Treaty of Waitangi.

The selected Providers will work with Counties Manukau Health to identify and address any barriers.

8.1. Transport

Where possible, the selected Providers will offer free transport or petrol vouchers to those who will benefit significantly from transport assistance. If the venue is local and accessible through public transport (bus) or walking, this won't be necessary. For those who work within a PHO, there may be 'transport to care' funding available for pregnant women to use a taxi to get to the forums

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8.2. Acceptability

Acceptability is assessed by Service User participation in on-going evaluation of the Service, and feedback contained in annual surveys to assess their satisfaction with:

- the quality and outcome of services they received
- the appropriate level of information provided on their care or support service
- their level of involvement in the planning and delivery of their care, including their transition into and discharge from the service
- how well their cultural and linguistic needs were recognised and met, and
- timeliness of information and education received.

9. Service Linkages

The selected Providers will be required to work with and promote partnerships with the following stakeholder groups to develop, deliver and sustain the programme:

Linkage
Lead Maternity Carers (LMCs)
Local health care providers including Well Child / Tamariki Ora (WCTO) nurses, General Practitioners (GPs) and practice nurses, Nurse Practitioners, Primary Health Organisations (PHOs), public health nurses, Maaori health providers, Pacific Peoples health providers
Teen parent units, family centres e.g. Plunket
Local providers of social and community services, egg. local schools, Non-Government Organisations (NGOs) social service providers and the Ministry of Social Development and Child and Youth and Family
Local maternity facilities, neonatal and paediatric units
Physiotherapists
Public Health Unit activities and other public health programmes for Well Child health, Maaori health promotion, parenting, nutrition, immunisation, Sudden Unexpected Death in Infancy (SUDI)
Smoking cessation service providers
Prevention of family violence service providers and networks
Relationship service providers
Housing and social services organisations and services, including Family Start
Specialist health and mental health services, particularly perinatal mental health services
Primary and community mental health service providers
Providers of evidence based parenting education programmes for older children in the family (Triple P and Incredible Years)

Selected Providers will need to be well connected and have good working relationships with the health and social service providers in the Locality in which they are working.

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10. Exclusions

Pregnancy and parenting education and information services that are either privately funded, or already funded as part of another service (such as the Section 88 Primary Maternity Service Notice 2007) are outside the scope of this Agreement.

Note: Services provided under Family Start / Early Start, Well Child / Tamariki Ora Services and under the Support Services for Mothers and their Infants / Pepi service specifications overlap with this tier two Pregnancy and Parenting Information and Education Services service specification.

Refer to the table below for overlap of coverage periods with Lead Maternity Carers (LMC) and Ministry of Social Development services:

Service	Coverage period
Lead Maternity Carers	Preconception, pregnancy to 4-6 weeks following birth
Support Services for Mothers and Their Infants/Pēpi	Pregnancy and following the birth up until the child is at least 24 months old
Well Child /Tamariki Ora (Core services and additional support according to assessed need)	4-6 weeks following birth to 4 years of age (some areas may deliver services antenatally)
Ministry of Social Development funded Family Start / Early Start Service. ⁴	6 months before the birth of the child up to the age of six years.
Parents as First Teachers (PAFT)	Birth to three years of age

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework⁵ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

12. Service Planning

Selected Providers will participate in a local area needs assessment of new parents and complete an annual Service Plan that addresses the identified needs of the Service Users.

The Service Plan will outline the proposed Education Services for consultation and agreement with the funder, including:

- access and Registration process – including ways to promote the Service to attract registration from priority groups of parents

⁴ Family Start is an intensive support/co-ordination programme for high needs women and families run by the Ministry of Social Development MSD. Family Start begins antenatally, targets high needs women, infants and their families in high need communities.

⁵ The Operational Policy Framework is updated annually and is published on the Nationwide Service Framework Library website <http://www.nsf.health.govt.nz/apps/nsfl.nsf/pagesmh/506>

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- capacity of the Service – expected numbers of first time parents and those from high needs groups and projected number of Education Service programmes and sessions required
- service streams/formats – eg. web information, community hub / centre information, group programme, one-off / drop-in sessions
- service types – outline specific service designs for e.g. young / teenage parents, new fathers, Maaori, Pacific Peoples, parents with limited English
- timing of service – proposed timing of services during pregnancy and / or postnatally, length of sessions and time of day/week for delivery
- settings for the Service – proposed venues including linkages with other related services and familiarity for high priority parents
- service linkages and referral pathways – with referring organisation providers and providers of ongoing health services and appropriate postnatal parenting and peer support groups
- professional development and training for educators / facilitators – including core training, conferences, peer support and access to expertise required to maintain required competencies and quality requirements in section 7 and **Appendix C - Competencies for Pregnancy & Parenting Educators/Facilitators.**

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Appendix A: *Mokopuna Ora – Healthy Pregnancy & Baby Pregnancy and Parenting Information & Education Curriculum*

The Mokopuna Ora – Healthy Pregnancy & Baby Pregnancy and Parenting Information & Education Curriculum can be accessed at <https://mokopunaora.nz/curriculum>

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Appendix B: Counties Manukau Region and Population Profile

Region

Most of the geographical area served by Counties Manukau Health are part of the Auckland Council territory. Our southern-most areas are in the Waikato and Hauraki District territorial authorities.

[Link to map of Counties Manukau Health boundaries.](#)

The estimated Counties Manukau population for 2015/16 is 528,340 or 11% of the total New Zealand population.

Our population is growing at a rate of 1- 2 percent per year; one of the fastest growing DHB populations in New Zealand. From 2015/16 to 2025/26 the number of new residents in Counties Manukau is projected to just over 84,000.



The key demographic features are:

- There are a diverse range of needs that can be further distinguished by four geographical locality areas that have been defined covering the Counties Manukau district: Mangere/Otara, Eastern, Manukau and Franklin
- The Counties Manukau district has an ethnically diverse population: 16 percent Maaori, 39 percent NZ European/Other groups, 24 percent Asian, and 21 percent Pacific. Twelve percent of all New Zealand's Maaori population, 37 percent of New Zealand's Pacific people and 21 percent of New Zealand's Asian population live in Counties Manukau
- Compared with other DHBs, Counties Manukau has the second highest number of Maaori (after Waikato), the highest number of Pacific peoples, and the second highest number of people (after Auckland DHB) who identify as Asian ethnicities
- If current population projections remain appropriate, the Asian population of CM Health will continue to increase the fastest of our ethnic groups, followed by Pacific, then Maaori, while our NZ European/Other population will show little growth
- We are a relatively young population with 23 percent of our population aged 14 years and younger. Thirteen percent of New Zealand's child population lives in Counties Manukau, and we have the highest number of 0-14 year olds of all the DHBs. The Mangere/Otara and Manukau localities are particularly youthful
- At the time of the 2013 Census 36 percent of the Counties Manukau population lived in areas classified as being the most socio-economically deprived in New Zealand. Fifty-eight percent of Maaori, 76 percent of Pacific and 45 percent of 0-14 year olds in Counties Manukau lived in areas with a deprivation index of 9 or 10 at the time of the 2013 Census

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- On the basis of the NZDep2013 measure, Otara, Mangere and Manurewa are the most socio-economically deprived areas in the Counties Manukau district

Snap shot demographic of the birthing population in Counties Manukau

- Higher than national average birth rate in Counties
- Our pregnant women tend to be younger, of Maaori ethnicity and living in quintile 5 areas when compared to National NZ demographic
- High tobacco use among pregnant Maaori, then Pacifica and then European Mothers
- 65% pregnant women in Counties have raised BMIs at the birth of their baby.

Localities

We manage health services by locality. Counties Manukau is made up of four geographical areas (localities) where hospital and primary care staff work together to support patients in their community.

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Otara & Mangere Locality

Of the 100,000 plus people living in this locality in 2013, almost 59,000 are Pacific (our largest Pacific community) and 17,500 Maaori. Nearly 30% of residents are aged under 15 years. About 77% of people are living in areas of high socioeconomic hardship.

Eastern Locality

Our second largest locality with over 146,000 residents in 2013. This includes more than 51,000 people of Asian ethnicities and over 18,000 people aged 65 years and over.



Franklin Locality

Our most rural locality with over 67,000 residents in 2013. Approximately 13% of people are aged 65 years and over, with a significant Maaori population, making up about 17% of the residents living in Franklin.

Manukau Locality

Our largest locality of over 181,000 residents in 2013. This includes almost 40,000 Pacific people, 42,000 Maaori people and 41,000 people of Asian ethnicities. A quarter of the population are aged under 15 years. About 50% of people are living in areas of high socioeconomic hardship.

More demographic information about the localities can be found at: <http://countiesmanukau.health.nz/about-us/performance-and-planning/integrated-care/localities/>

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Appendix C - Competencies for Pregnancy & Parenting Educators/Facilitators

Area of practice	Recommended requirement/action
<p>Facilitation style - promotes an acceptable environment for different groups of parents to engage</p>	<p>Educators need to consider:</p> <ul style="list-style-type: none"> • their own personal values, beliefs, culture, religion and biases, and their potential impact on their practice • different strategies they can use to responding to sensitive issues in a respectful and appropriate way • the social, cultural, emotional, physiological, psychological needs of parents • each individual’s experience and health is influenced by multiple social determinants <p>Educators need to demonstrate and/or provide evidence of:</p> <ul style="list-style-type: none"> • verbal and non-verbal language that is consistent and appropriate • identifying target group/populations in their community • ongoing needs analysis to identify gaps in service delivery and/or content • using sensitive responses to complex social issues and media influences • building rapport and group safety with group agreements at beginning of programme (i.e. different ages, belief systems, decision-making) • creating opportunities for group socialisation and networks between consumers after the formal sessions are complete • promoting development of adaptive strategies and resources to participants in response to unexpected events
<p>Facilitation style - reflects best-practice principles of adult education</p>	<p>Educators need to consider:</p> <ul style="list-style-type: none"> • key principles of adult learning and group facilitation • strengths and roles of group members to assist learning <p>Educators need to demonstrate and / or provide evidence of:</p> <ul style="list-style-type: none"> • completion or working towards a recognised qualification in Adult and/or Childbirth Education or the ability to provide group education • how they have integrated key principles of adult education into their

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	<p>practice</p> <ul style="list-style-type: none"> engaging consumers in a range of learning activities using innovative strategies to identify the specific learning needs of participants adapting practice to meet specific consumer needs and learner characteristics
Facilitation style - inclusive of all parents including fathers/partners/support person	<p>Educators need to consider:</p> <ul style="list-style-type: none"> emphasising the important role that the parenting partnership and wider family/whaanau plays in determining outcomes for parents and children, and using language that is sensitive and normalises the birth and early parenting experience for both mother and father/partner/support person <p>Educators need to demonstrate and/or provide evidence of:</p> <ul style="list-style-type: none"> acknowledging the equal role of mother and partner as parents, and where educational needs are different (including content, style of delivery) discussing the central and important role that fathers play in supporting mothers during pregnancy, birth and the postnatal period emphasising positive benefits of fathers engaging in their children’s lives from birth onwards

Area of practice	Recommended requirement/action
Course content is consistent with other maternity providers and evidence-based information that meets Ministry of Health standards	<p>Educators need to consider:</p> <ul style="list-style-type: none"> own knowledge base and scope of practice, and ability to recognise when evidence is insufficient to accurately inform practice transparency around personal biases and health sector priorities, and tools to deal with difficult questions and situations role as a resource person, referring to other sources of information <p>Educators need to demonstrate and/or provide evidence of:</p> <ul style="list-style-type: none"> skills in retrieving and understanding research, including evidence and different levels of enquiry

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	<ul style="list-style-type: none"> • application of evidence in education service, integrating research and/or different disciplines to meet the health and/or educational needs of consumers • collaboration with other health care providers when service is outside their scope of practice • using existing curriculum and policy directives where relevant • adapting course content and curriculum to current priorities, programmes and parallel services in their community (i.e. SUDI, safe sleep, timely delivery of immunisation information during outbreaks)
<p>Course content is available via a range of media and is technologically up to date</p>	<p>Educators need to consider:</p> <ul style="list-style-type: none"> • using a range of technology, teaching aids and learning activities to meet variable learning needs, learning styles and learner characteristics • staying current with technology, especially where using video/DVD resources as educational tools
<p>Linkage with other services and support</p>	<p>Educators need to consider:</p> <ul style="list-style-type: none"> • the benefits of being an active and co-operative member of a multidisciplinary team • initiating and maintaining effective liaison with other agencies/groups • building rapport and trust in client-professional and inter-professional relationships <p>Educators need to demonstrate and/or provide evidence of:</p> <ul style="list-style-type: none"> • formal networking activities with essential service linkages to promote awareness and access to the Service • active referral pathways and information transfer protocols with essential service linkages

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<p>Regular peer review and quality improvement</p>	<p>Educators need to consider:</p> <ul style="list-style-type: none"> • own strengths and actively seek to inform gaps in knowledge base and facilitation skills • staying in touch with emerging social trends and research <p>Educators need to demonstrate and/or provide evidence of:</p> <ul style="list-style-type: none"> • active involvement in continuing professional development • regular self-evaluation and reflective practice • regular performance review for own and organisational practice • taking action as a result of review, or a change in practice where appropriate, • participating in regular mentoring, peer support and/or clinical supervision for quality improvement • seeking opportunities for multidisciplinary training and professional development with midwives, LMCs, Plunket, WCTO nurses, Family Start etc.
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