

## ACC Maternal Birth Injuries

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### Overview

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#### Purpose

As of October 1, 2022, the ACC legislation was amended to include a number of maternal birth injuries as personal accidents (caused by the application of an internal force i.e. the baby). There is no retrospective cover; the injury must occur on or after 1 October 2022.

This document outlines the injuries covered by this legislation, the process for lodging claims, and the care pathways for the covered injuries.

#### Scope

This guidance applies to all Te Whatu Ora Waitaha staff and Lead Maternity Carer (LMC) access holders who provide intrapartum or postpartum care for women/people at a Waitaha facility.

It also provides guidance for midwives who care for women in the community who birth at home or in primary birthing units. In these settings, the midwife will need to make their own arrangements to lodge a claim (visit ACC: [In the community - lodging a claim](#)).

#### Eligibility

As with other ACC provisions, New Zealand Non-Residents are also included in the ACC legislation, as long as the birth takes place in New Zealand. If the birth injury claim is accepted, generally, a parent will no longer be charged if they require treatment..

## Injuries covered

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The following is the specified list of maternal birth injuries, occurring from the onset of labour to the postpartum period that are now defined as personal injuries:

- Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethral
- Ruptured uterus during labour
- Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)
- Anterior wall prolapse, posterior wall prolapse, or uterine prolapse
- Coccyx fracture or dislocation
- Pubic ramus fracture
- Obstetric haematoma of pelvis
- Post-partum uterine inversion
- Levator ani avulsion
- Symphysis pubis capsule or ligament tear
- Pudendal neuropathy

Also: mental injuries consequential to a physical injury are covered but only if there is a physical injury

Any other birth injuries not listed above, which would normally be lodged as a Treatment Injury (TI), should continue to be lodged as a TI. Cover is extended to the birthing woman/person only. See below for further information about Treatment Injuries

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## Treatment Injury (TI) cover

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Another important area of change is regarding Treatment Injuries (TI). From 1 October, any of the specified injuries, should be lodged as a personal injury, regardless of any input or lack/delay by a clinician, as long as internal force was involved.

The main impact will be tears, which will no longer be claimed as TIs.

Other types of TIs such as injuries to the baby, infections, injuries due to epidurals etc. should continue to be claimed as TIs.

See [Appendix 2: Clinical scenarios/examples of Personal Injuries versus Treatment Injuries](#) for further details.

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## Lodging a claim

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Once an injury that meets the criteria for a personal injury claim is diagnosed, this should be discussed with the woman/person and information shared about potential entitlements. Consent needs to be provided by the woman/person before a claim is lodged and they will need to sign the ACC45 form (or verbal consent given and 'Verbal Consent Given' is written in signature portion of the ACC45 form, with a PP signature by the staff member).

It is anticipated that the majority of claims will be submitted by the LMC at the six week discharge point, if there are continuing ongoing issues for the mild injuries.

Midwives can only make claims for conditions that fall within their scope of practice to diagnose (i.e. perineal tears, vulvar, clitoral and cervical tears). If the injury falls outside the midwife's scope of practice to diagnose, the midwife can lodge the claim only where a doctor has documented the injury fully and has documented a request for a midwife or nurse to lodge a claim. In most cases senior doctors will be expected to delegate this task to junior medical staff.

See [Appendix 1: How to Lodge a Claim](#) and [Appendix 3: List of Injury Diagnoses and Codes](#) for detailed guidance on the claim lodging process.

## Treatment and diagnostic pathways

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### Specialised diagnostics/outpatient clinics

Referrals for diagnostic services or an outpatient appointment to confirm a birth injury and/or identify appropriate treatment options will occur as usual, but the ACC claim number should be captured on SIPICS so the service can be billed to ACC. This should be done by the clerks. If there is no previous claim and the injury occurred on or after 1 October 2022, an ACC claim should be lodged by the clinician, so the treatment can be billed and the woman/person can access any potential entitlements.

### Elective surgery

*(i.e. occurs 6 > weeks after birth event discharge or an 'urgent elective' which occurs 7 > days after the decision to treat surgically)*

- Criteria: a diagnosis of any of the identified injuries which require surgical treatment. Noting that ACC will fund pelvic physiotherapy (see below).
- The patient potentially has the option to be treated privately or by Waitaha surgical services
- If at Waitaha, the surgeon completes an Assessment Report & Treatment Plan (ARTP) which is sent to Waitaha ACC Revenue Team (Kaye Nasralla) and sent to ACC for prior approval.
- The approval from ACC must be received prior to the surgery.

### Pelvic physiotherapy

- Criteria: a diagnosis of uterine prolapse, levator ani avulsion or other relevant pelvic injury as a result of a birth event, which will benefit from pelvic physiotherapy. If necessary, complete an ACC45 or ACC18 (to change/amend a diagnosis) to claim the relevant injury and note that the woman/person is being referred.
- Referral process: Refer directly to an ACC registered Pelvic Physiotherapist or let the person know they can self-refer (i.e. Make contact with any local ACC-registered physio for an appointment). Physiotherapy NZ provides lists of physios and a search function to see those who are registered with a special interest in pelvic health [Find a Qualified Physio in NZ now | Don't Say OH! SayPhysio](#)

### Counselling for birth injury-related mental trauma

- Criteria: a diagnosis of a mental injury as a result (a consequential injury) of one of the specified birth injuries. There must be a physical injury. If necessary, complete an ACC45 or ACC18 to claim the mental injury and note that the person is being referred.
- Referral process: A woman/person can access a list of ACC-registered counsellors directly themselves at Counselling and therapy ([acc.co.nz](http://acc.co.nz)). Counselling requires approval from ACC but the counsellor can assist with confirming ACC cover. A woman/person can access this service themselves at a future time following the injury, but cover will need to be confirmed.

### Pain service

- Criteria: a diagnosis of pudendal neuropathy as a result of a birth event. If necessary, complete an ACC45 or ACC18 (to change/amend a diagnosis) to claim pudendal neuropathy as an injury.
- Referral process: Complete *ACC6273 Provider Referral for Pain Management Triage Assessment* [[Google the form to access latest version from ACC](#)]. Email the completed form to ACC at [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz)

### Rongoā Māori practitioners

- Criteria: a diagnosis of one of the specified injuries which may benefit from treatment and support by a Rongoā Māori Practitioner. If necessary, complete an ACC45 or ACC18 (to change/amend a diagnosis) to claim the mental injury and note that the woman/person is being referred.
- Referral process: A person can access more information about Rongoā Māori services, including a list of Practitioners at: [Using Rongoā Māori services \(acc.co.nz\)](#). This service requires approval from ACC but the Practitioner can assist with confirming ACC cover. A woman/person can access this service themselves at any time but cover will need to be confirmed.

### Other ACC-funded services not listed

- If other ACC assistance is required for a birth injury, but is not specifically listed above (e.g. equipment, home-based personal supports etc.), an *ACC705 Referral for support services on discharge* can always be used to ask ACC to arrange for the appropriate service. [Google the form to access latest version from ACC]. Email the completed form to ACC at [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz)
- The woman/person themselves can contact the ACC Client Contact Centre on 0800 101 996 or talk to their GP.

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### Guidance/information for parents

This legal provision is new, so it will be helpful and appropriate to provide parents with some information, especially as their consent is required to lodge a claim. Given that most injuries will be treated as part of normal practice, the key message will be for them to be aware that if they have further symptoms in the long term, which they feel are related to the birth process, they can always discuss them with their GP and check if any ACC-funded service may be appropriate for them.

Useful information is available from at [I'm injured \(acc.co.nz\)](https://www.acc.co.nz).

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### Supporting material

- ACC maternal birth injury website

## Appendix 1 How to lodge a claim

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### Lodging procedure

Complete and submit an ACC45 claim.

### Further points relevant to maternal birth injury claiming:

- A claim must be linked to an SIPICS referral.
- If there are multiple injuries, code them all.
- Only if you can't find the specific injury diagnosis code, use a generic diagnosis such as 'Complication occurring during labour and delivery' and add the more specific diagnosis in the Additional Comments box.
- **To speed the processing by ACC, add 'MBI' or 'maternal birth injury' in the Additional Comments in Diagnosis section.**
- If a potential Treatment Injury is identified, complete an ACC2152 form <https://www.acc.co.nz/assets/provider/3e3bd2aded/acc2152-treatment-injury-claim.doc>, in addition to an ACC45 form.
- For additional or consequential injuries (such as mental trauma or incontinence due to prolapse), an ACC18 should be used. This claim form is opened from the previous, relevant ACC45.

## **Appendix 2 Clinical scenarios/examples of personal injuries versus treatment injuries**

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### **Clinical scenario/examples where the claim is likely to be considered as a Maternal Birth Injury (MBI) – claim as PERSONAL INJURY:**

- The birthing parent has an episiotomy that extends with natural tearing caused by the internal force during the birthing process.  
Note: If there is no extension beyond the episiotomy, there is no accidental injury as there was no internal force. This cannot be claimed as a treatment injury either.
- The birthing parent has a 3<sup>rd</sup> degree laceration following an instrumental birth
- The birthing parent progresses with a labour that results in emergency caesarean-section birth, where an MBI (e.g. uterine prolapse) did occur due to the labour process before emergency caesarean-section.
- The birthing parent suffers an acute vaginal prolapse during the labour/birthing process.

### **Clinical scenario/examples of injuries that are likely to be considered under Treatment Injury (TI) or other personal injury (but not considered an MBI):**

- Complication of an elective (planned) caesarean-section – i.e. infection/dehiscence/bladder perforation (potentially TI).
- The birthing parent suffers a back strain during labour and/or birth (only covered as a personal injury if it is caused by an external force).
- The birthing parent suffers a sprain or fracture as a result of falling over during labour/birth (personal injury).
- The birthing parent sustains a urethral injury (e.g. open wound) as a result of catheterisation during labour (potentially TI).
- The birthing parent sustains a puncture of the dura during epidural placement (potentially TI).
- The birthing parent has a ventouse delivery resulting in brachial plexus palsy of baby (potential TI for baby).
- The birthing parent suffers an adverse drug reaction to medication during/after the labour/birthing process (potentially TI).

### **Clinical scenario/examples considered both MBI and TI**

- The birthing parent sustains a perineal tear during childbirth (MBI), but also sustains an injury related to insertion of an IV line (potential TI).

### **Clinical scenario for possible consequential injury**

- The birthing parent sustains a 2<sup>nd</sup> degree perineal tear during the birthing process (MBI) and the stitches accidentally pierce the anal canal (consequential as injury caused by treatment for an MBI).

### Appendix 3 List of injury diagnoses and codes

These are the injury diagnoses identified by Te Whatu Ora Waitaha to enable all the specified maternal birth injuries to be coded correctly.

<b>INJURY DIAGNOSIS</b>	<b>READ CODE</b>
<b>Obstetric anal sphincter injury tears or tears to the perineum, labia, vagina, vulva, clitoris, cervix, rectum, anus, or urethra</b>	
First degree perineal laceration	L340.
Second degree perineal laceration	L341.
Third degree perineal laceration	L342.
Fourth degree perineal laceration involving rectal mucosa	L343z
Labial tear	L340.
Cervical laceration	L353.
Genital tear resulting from childbirth	L34..
Complication occurring during labor and delivery [ <i>only use if more specific code not available</i> ]	L3...
<b>Ruptured uterus during labour</b>	
Rupture of uterus during labor	L351.
Urethra injury - obstetric	L355.
<b>Obstetric haematoma of pelvis</b>	
Obstetric trauma causing pelvic hematoma	L357.
<b>Coccyx fracture or dislocation</b>	
Fracture of coccyx	S10B2
Closed traumatic dislocation of coccyx	S4941
<b>Pubic ramus fracture</b>	
Fracture of pubic rami - obstetric	S10B5
<b>Obstetric fistula (including vesicovaginal, colovaginal, and ureterovaginal)</b>	
Fistula of vagina and/or rectum and/or urinary bladder due to complication occurring during labour and/or delivery	Kyu93
<b>Anterior wall prolapse, posterior wall prolapse, or uterine prolapse</b>	
Prolapse of vaginal walls without uterine prolapse	K510.
Uterine prolapse	K511z
<b>Levator ani avulsion</b>	
Avulsion of levator ani from symphysis pubis in female	Z....
<b>Symphysis pubis capsule or ligament tear</b>	
Traumatic rupture of symphysis pubis	S138.
Complete tear, symphysis pubis ligament	S5y52
<b>Pudendal neuropathy</b>	
Pudendal nerve neuropathy	F367.
<b>Post-partum uterine inversion</b>	
Uterine inversion	L352