Aide-Mémoire

Health New Zealand
Te Whatu Ora

Ultrasounds

Due to MO:	22 July 2025	**Reference**	HNZ00091311
To:	Hon Simeon Brown, Minister of Health		
From:	Deborah Woodley, Director Starting Well, Planning, Funding and Outcomes		
Copy to:	Hon Casey Costello, Associate Minister of Health		
Security level:	In Confidence	**Priority**	Routine
Consulted	n/a		
Proactive Release:	This title is proposed by Health NZ for proactive release		

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Attachments

Appendix 1:	Table 1: Pregnancy Ultrasound data 2021
Appendix 2:	Table 2: Regional supports to enable access to pregnancy ultrasound scans

Purpose

1. To provide information on the following topics:

   a) pregnancy ultrasound services by region, including the variations in provision and cost

   b) the current operating model for ultrasounds – both pregnancy and diagnostic ultrasounds including the differences between 'standard' vs specialised needs for pregnancy, and the current settings for what must be delivered publicly vs privately

   c) data on where ultrasounds are delivered across general practices, hospitals, and specialised radiology clinics.

Executive Summary

2. Maternity ultrasound scans are critical for pregnancy care. Services are primarily delivered by private radiology providers, with variable co-payments ranging from $30 to $150. Services are funded via the Primary Maternity Services Notice issued under Section 94 of the Pae Ora Act with some districts offering full or partial subsidies. In 2023/24 268,441 pregnancy ultrasounds were funded via the Notice.

3. 

4. In addition to maternity ultrasounds, approximately 475,000 diagnostic ultrasounds were delivered in 2023/24, with activity growing at 2% annually. More up to date information is expected in the coming months when the new radiology data platform goes live. Services are delivered through a mix of hospital-based and community providers, and with the implementation of the Community Referred Radiology (CRR) programme (launched in 2024 with $30 million annual funding), there now are no co-payments for patients to access these diagnostic ultrasounds.

5. The CRR programme aims to standardise access. We are currently establishing regional hubs with functions including triage against national criteria, advice back to primary care, and clinical audit and education. We plan to move to a national contracting approach with a panel of approved providers by quarter four, 2025/26.

Background

6. An ultrasound scan uses high-frequency sound waves to look inside someone's body and create images of internal body structures. Ultrasound is very safe and uses no radiation. It is used for a wide range of diagnostic and therapeutic purposes, including monitoring pregnancies, diagnosing conditions, and guiding procedures (for example helping a specialist make sure they are in exactly the right place to take a

tissue sample). Approximately half of all maternity ultrasound scans are used to monitor the growth and development of a baby during pregnancy.

7. The operating model and delivery of maternity ultrasounds is somewhat separate to the delivery of non-maternity diagnostic ultrasounds.

Maternity ultrasound

8. Access to timely ultrasound is critical to providing high-quality maternity care; maternity ultrasound supports clinical decision-making and subsequent management of a pregnancy. Maternity ultrasound differs from other diagnostic ultrasounds in that the scans are time-critical and cannot be prioritised or deferred in the same way many other types of ultrasounds can be.

9. New Zealand's obstetric ultrasound guidelines recommend during routine antenatal care, pregnant women/people should be offered two screening ultrasound scans (scans) including the nuchal translucency and the anatomy scan[1]. Additional scans should be ordered if they are clinically indicated.

10. Whilst guidelines recommend only two scans are required for most women all scans are optional. There is also no minimum or maximum number of scans per pregnancy. Currently there is no clinical oversight or audit of referrals and as a result over-scanning can occur: in 2023/24, there were 4.9 scans per birth funded via the Notice which excludes scans provided by public hospitals. Whilst some of these would have been clinically indicated, many may not have been.

11. Over-scanning has both a financial and resource impact as it diverts time away from other radiology services within the constrained workforce nationally, both in public and private settings. Analysis of claims data undertaken in 2021 shows variability in the average number of scans ordered across the former DHBs and across different ethnic groups (see Appendix 1).

Current delivery and funding model

12. Maternity ultrasound services are mostly delivered by community-based private radiology providers. A limited number of scans are offered at no cost within a publicly funded hospital setting, in both secondary and tertiary radiology departments, most often for clinical reasons. These scans are funded from the hospital and specialist service budget.

13. The Primary Maternity Services Notice (the Notice) issued under Section 94 of the Pae Ora Act is the mechanism used to fund community-based maternity ultrasound scans. Private radiology providers can claim $80 (excluding GST) from the Notice per scan, and they can also charge a co-payment. The co-payment charged varies between $30-$150 per scan (based on a high-level market analysis undertaken in 2024).

14. The cost of maternity ultrasound to the pregnant woman / person is highly variable

[1] The nuchal translucency scan offered at 12–14 weeks' gestation confirms the estimated due date, the number of babies and looks for abnormalities. The anatomy scan, at around 18–20 weeks' gestation, is used to check a baby's growth and the position of the placenta.

around the country. As a result of variable approaches taken by the former district health boards, some areas fully subsidise the co-payment (e.g. Eastern Bay of Plenty, Hawke's Bay, Nelson Marlborough, South Canterbury) while other areas such as Northland and Counties Manukau provide a partial subsidy. Some districts provide no subsidy or assistance (see Appendix 2).

15. In addition to the variable subsidy arrangements there is also inequity of access to scans. This can significantly impact whānau living in rural areas as well as those living some distance from a radiology providers, particularly where access to transportation is a challenge.

Operating Models in Ultrasound delivery

16. The table below outlines the different operating models in ultrasound delivery.

Diagnostic	Maternity Ultrasounds	Non-maternity Diagnostic Ultrasounds[1]
Annual Volume	268,441 pregnancy ultrasounds in 2023/24 funded via the Notice (this volume excludes the small proportion of maternity ultrasounds delivered by HNZ Hospital Services for complex patients and/or in locations where no private provision is available (e.g. West Coast Grey Hospital)	An estimated 475,000 Hospital and Specialist and Community referred funded or delivered diagnostic ultrasounds in 2023/24 (includes a small portion of specialist maternity ultrasounds).
Growth	Volumes are growing despite number of births remaining largely static. Growth over 12 months from April 24 to March 23 is 2.7% largely driven by a growth in Te Wai Pounamu of 7.4%.	Activity currently growing at about 2% per annum (compared with CT and MR at 6-7% per annum and x-ray at 0%).
Referral	Mixture of Lead Maternity Carer (LMC) midwives, Obstetricians (public and private) and GPs	An estimated 60-65% hospital and specialist referred and 35-40% community referred (largely GPs).
Delivery	Mostly delivered by community-based private radiology providers.	Approximately 30% are for emergency or inpatient services within hospital settings. For services delivered in community locations, approximately 35-40% is outsourced from hospitals and 60-65% is community referred.
Equipment	Tend to be dedicated maternity ultrasound machines.	Tend to be diagnostics specific ultrasound machines.
Waitlists	Largely within recommended timeframes as pregnancy ultrasounds are time critical.	Estimated to be 30,000 as at October 2024 (this is the latest available data). Patient wait times vary from district to district. The main capacity constraint is sonographer time due to the national shortage of this workforce. This is being overseen as part of the broader Diagnostic Improvement Programme.
Patient cost/ Co-payments	Free in four districts. Patients pay a co-payment in all other districts between $30 and $150 per scan.	Free to all patients[2].
Funding model	Private providers funded via the Primary Maternity Services Notice (the Notice) issued under Section 94 of the Pae Ora Act with additional subsidies in some districts (see Appendix 2).	• Health NZ delivered services via budget allocations. • Outsourced ultrasounds via commercial agreements between Health NZ and private providers. • Community referred ultrasounds a mix of PHO agreements (who then contract private providers) and direct outsourcing agreements with private providers. There

Diagnostic	Maternity Ultrasounds	Non-maternity Diagnostic Ultrasounds[1]
		are plans to consolidate Hospital outsourcing and community referred outsourcing over 2025/26 and removing PHO agreements to leverage purchasing power (see below)
Data collection	Activity data via claims data. This data sits separately to diagnostic ultrasound data.	Activity included in new national radiology data platform.

[1] The numbers and percentages in this column are based on data extracted in mid-2024 which includes most but not all community referred activity.
[2] A co-payment used to be in place in parts of the central region for some community referred ultrasounds, but these were removed in 2024 as part of CRRP.

Activities underway to improve access to pregnancy ultrasounds

17. Reducing variable access to maternity ultrasound, enabling clinical oversight and monitoring, and supporting clinical practice informed by the latest guidelines are key goals for Health NZ.

18. In 2021, the Maternity Ultrasound Advisory Group (MUAG) advised four priorities to ensure equitable access to high-quality, clinically appropriate, fully funded maternity ultrasound services:

    a) fully funded maternity ultrasounds – with no requirement for co-payments and with no capacity for co-payments to be charged

    b) equitable access to high-quality and clinically appropriate ultrasound services

    c) attract and retain the sonography workforce, particularly Māori and Pasifika and those in rural areas

    d) consistent national knowledge of, and adherence to, the New Zealand Obstetric Ultrasound Guidelines (the Guidelines), particularly in relation to appropriate indications, the number of scans, expected time requirements, minimum quality standards and information shared.

19. Since 2021 key activities have included:

    a) updated New Zealand Obstetric Ultrasound Guidelines through MUAG, which have also been endorsed clinically by Health NZ (we anticipate releasing these in the coming months following final advice from the Maternity Network)

    b) completed cost modelling to determine that circa $26.54 million per annum would be required to fully fund maternity ultrasounds and achieve a nationally consistent approach to access in the community

    c) some early consideration of options for sources of funding weighed against investment priorities.

20. Our next priorities include:

    a) seeking the Maternity and Radiology Networks' advice on strengthening referral processes and overseeing the monitoring and quality of referrals

b) finalising options for sources of funding to remove or reduce co-payments for pregnancy ultrasounds

c) adding maternity ultrasound, once funding has been identified, to the broader CRR programme including a maternity ultrasound pathway and improved capture and reporting of data. This would involve unbundling of maternity ultrasound from the Notice and moving to a contracting approach which would in turn support improved access and a significant reduction in variability.

21. Moving maternity ultrasound onto the CRR programme and away from the Notice will be crucial to achieving overall goals to maintain consistent clinical-informed use of ultrasounds as it gives Health NZ better contractual leavers and ways to capture data.

22. More broadly, Health NZ is developing a Maternity Commissioning Framework that articulates the services that every family should receive during their maternity journey, from pregnancy support to postnatal care. It provides guidance on how services are funded and delivered, ensuring they meet local needs while still maintaining national standards. Ultrasound is considered an essential service within the provision of maternity care and will be considered in any cost modelling undertaken.

Activities underway to improve Community Referred diagnostic ultrasound

23. The Community Referred Radiology (CRR) programme was approved by Health NZ's board in April 2024 with an annual investment of $30 million announced by the former Minister of Health on 6 June 2024.The programme excludes maternity ultrasound but includes all other diagnostic imaging services funded by Health NZ for individuals referred by community-based practitioners. Its purpose is to enable more consistent and equitable access to diagnostic ultrasounds across New Zealand.

Challenges that CRR is addressing

24. A Health NZ stocktake assessed community access to diagnostic ultrasound and found good general access across the country. There were variations in which radiology indications primary care could refer. The stocktake identified that co-payments existed in parts of the Wellington and Hutt Valley areas for diagnostic ultrasound.

25. Community referred (Health NZ funded) diagnostic ultrasound generally sits within Enhanced Primary and Community Care (EPPC) formally known as primary options for acute care (POAC) programmes, or in primary health organisation run programmes. The expectation is that CRR programme replace all EPCC access to imaging to obtain and maintain consistency of access. Currently, Health NZ lacks a direct relationship with the ultrasound providers for these community referrals and the pricing in these programmes can vary. This is expected to be rectified through the CCR programme over time.

Health NZ's CRR Programme

26. As part of Health NZ's CRR programme, nationally consistent CRR clinical access criteria for diagnostic ultrasound have been developed and endorsed by the National Radiology Clinical Network and National Clinical Governance Group. These criteria set out a mandatory minimum level of radiology access to help primary care practitioners manage patients in the community.

27. The criteria are currently being aligned across Health Pathways with a planned release date of 1 September 2025. For ultrasounds[2] the largest anticipated impact from the new access criteria is access to pelvic ultrasound (noting it is unclear how much additional demand will be a shift in activity from secondary to primary care rather than new demand).

28. Other parts of the CRR programme include:

    a) the removal of any copayments for diagnostic ultrasound (complete).

    b) the establishment of regional CRR hubs with functions including triage against national criteria, advice back to primary care, and clinical audit and education (in progress)

    c) moving to a national contracting approach with a panel of approved providers (the panel is expected to be in place Q4 of 2025/26).

29. CRR will reduce demand for hospital ultrasounds where private provision is used. We are unable to determine what the impact will be at a district, regional or national level with the data currently available. This is because the number of ultrasounds in hospital settings on the waitlist which would fall within the CRR criteria cannot currently be determined.

30. More accurate and up to date information will be available in the coming months when the new radiology national data platform goes live. This will enable non maternity ultrasound to be included in the regular diagnostics reporting (Aide Memoire: Improving access to diagnostic services HNZ00083441 refers).

31. In some districts, for example Wellington, there is also very limited equipment and workforce capacity in both public and private services for diagnostic ultrasounds. This capacity constraint will need to be eventually addressed for the potential of the CRR programme to full realised in these districts.

Next steps

32. Health NZ will seek to publish the updated Obstetric Ultrasound Guidelines following consideration by the Maternity Network.

33. Options for the funding of pregnancy ultrasounds will be undertaken in the coming months to consider the most cost-effective solution that enables consistent access to clinically guided ultrasounds.

34. Nationally consistent CRR clinical access criteria for diagnostic ultrasound are anticipated for release by 1 September 2025, following alignment across Health Pathways.

[2] The CRR access criteria cover CT scans, ultrasounds and x-rays. Overall the largest impact is expected to be in CT access.

Appendix 1: Maternity Ultrasound Data by District and Ethnicity, 2021

35. Table 1 (Appendix 1), while from 2021, shows the number of women/people who identified as Māori, Pacific or other domiciled in each former district health board (DHB) area, compared to the percentage of scans they accessed. A red cell in the 'difference' column indicates a significant proportional deficit (more than 5%), a green cell indicates a significant proportional advantage (more than 5%), and a yellow cell indicates appropriate proportional access.

36. A basic analysis of the data in Table 1 illustrates:

    a. whānau Māori are least likely to have appropriate access to ultrasound scans if they live in the Northland or Whanganui areas

    b. Pacific peoples are least likely to have appropriate access to ultrasound scans if they live in the Auckland, Waitematā and Hutt Valley areas

    c. whānau living in the Tairāwhiti, Capital and Coast, and Wairarapa areas are most likely to receive appropriate proportional access to ultrasound scans

    d. non-Māori, non-Pacific women (represented in the 'other' ethnicity group) living in the Northland, Hutt Valley and Whanganui areas receive more than 10% above their resident ethnicity share of ultrasound scans.

Table 1: Maternity Ultrasound data 2021

District	Ethnic breakdown of women and people giving birth	Ethnic breakdown of % of prenatal scans	Difference%
Northland			
Māori	54.6%	40.4%	-18.8
Pacific	2.1%	2.5%	+0.4
Other	43.3%	56.7%	+13.7
Waitematā			
Māori	15.4%	9.5%	-5.9
Pacific	10.6%	8.1%	-2.5
Other	73.9%	82.3%	+8.4
Auckland			
Māori	13.9%	7.2%	-6.7
Pacific	14.9%	12.1%	-2.8
Other	71.2%	80.6%	+9.4
Counties Manukau			
Māori	22.3%	17.4%	-4.9
Pacific	28.5%	27.8%	-0.7
Other	49.2%	54.8%	+5.6
Waikato			

District	Ethnic breakdown of women and people giving birth	Ethnic breakdown of % of prenatal scans	Difference%
Māori	35.9%	26.6%	-9.3
Pacific	3.8%	3.6%	-0.2
Other	60.3%	69.8%	+9.5
Lakes			
Māori	50.8%	44.2%	-6.6
Pacific	2.5%	3.0%	+0.5
Other	46.7%	52.7%	+6.0
Bay of Plenty			
Māori	38.6%	30.3%	-8.3
Pacific	2.4%	2.3%	-0.1
Other	59.1%	67.4%	+8.4
Tairāwhiti			
Māori	64.3%	61.6%	-2.7
Pacific	2.4%	2.0%	-0.4
Other	33.3%	36.4%	+3.1
Taranaki			
Māori	29.5%	23.0%	-6.5
Pacific	1.8%	1.5%	-0.3
Other	68.6%	75.5%	+6.9
Whanganui			
Māori	45.8%	34.6%	-11.2
Pacific	3.2%	3.0%	-0.2
Other	51.1%	62.3%	+11.2
Capital and Coast			
Māori	15.8%	13.3%	-2.5
Pacific	9.1%	8.2%	-0.9
Other	75.0%	78.4%	+3.4
Hutt Valley			
Māori	27.4%	18.4%	-9.0
Pacific	10.8%	8.3%	-2.5
Other	61.8%	73.3%	+11.5
Hawke's Bay			
Māori	42.6%	37.4%	-5.2
Pacific	5.1%	4.6%	-0.5
Other	52.3%	58.0%	+5.7
MidCentral			
Māori	33.3%	24.8%	-8.5

District	Ethnic breakdown of women and people giving birth	Ethnic breakdown of % of prenatal scans	Difference%
Pacific	5.3%	4.2%	-1.1
Other	61.4%	71.0%	+9.6
Wairarapa			
Māori	28.0%	24.9%	-3.1
Pacific	2.8%	3.0%	+0.2
Other	69.2%	72.1%	+2.9
Nelson Marlborough			
Māori	19.6%	14.1%	-5.5
Pacific	3.1%	2.4%	-0.7
Other	77.3%	83.5%	+6.2
Canterbury			
Māori	17.0%	11.7%	-5.5
Pacific	5.0%	3.8%	-1.2
Other	77.9%	84.5%	+6.6
South Canterbury			
Māori	16.1%	10.2%	-5.9
Pacific	4.7%	3.8%	-0.9
Other	79.2%	86.0%	+6.8
West Coast			
Māori	22.7%	22.7%	0
Pacific	2.1%	0.0%	-2.1
Other	75.3%	77.3%	+2.0
Southern			
Māori	16.8%	11.5%	-5.3
Pacific	3.6%	2.7%	-0.9
Other	79.7%	83.5%	+3.8

Appendix 2: District support for accessing maternity ultrasound scans

37. Table 2 presents the latest available collation of information provided by districts (2022/23 financial year) and outlines:

    a) districts that subsidise the co-payments levied on whānau for maternity ultrasound

    b) details about eligibility criteria for any subsidy

    c) which scans are subsidised

    d) whether any other kind of support is offered to whānau to enable access to maternity ultrasound scans.

Table 2: District support to enable access to maternity ultrasound scans

Northern Region	
Northland	Northland subsidises the co-payment for some whānau. There are no specific criteria that need to be met, however the LMC midwife can provide a no-cost referral for a scan and Northland then pays the relevant surcharge to the private provider. In the 2022/23 financial year, Northland subsidised 954 maternity ultrasound scans. Northland does not provide other support, such as transport, for whānau to access ultrasound scans.
Waitematā	Waitematā does not subsidise ultrasound co-payments or assist in accessing scans for any of its population.
Auckland	Auckland does not subsidise ultrasound co-payments or assist in accessing scans for any of its population.
Counites Manukau	Counties Manukau subsidises nuchal (NT) and anatomy (AN) scans for those with Community Services Cards (CSCs) and under 18's who cannot hold a CSC. Exemptions to these criteria are made on an individual basis. All scans from about 24-28 weeks for growth (GR) are subsidised. In 2021/22 Counties Manukau subsidised 17,903 maternity ultrasound scans. Counties Manukau also provides taxi chits and petrol vouchers via LMC and Community Midwives to support with transportation to ultrasound scans.
Te Manawa Taki	
Waikato	Waikato does not subsidise ultrasound co-payments or assist in accessing scans for any of its population.
Lakes	Lakes does not subsidise ultrasound co-payments or assist in accessing scans for any of its population.
Bay of Plenty	Within the Bay of Plenty area, the Eastern Bay of Plenty (EBOP) subsidises maternity scans whereas the Western Bay of Plenty (WBOP) does not. The eligibility criterion for the EBOP

	subsidy is that the whānau need to be living within regional boundaries. In the 2022/23 financial year, the Bay of Plenty area subsidised 2025 maternity ultrasound scans.
Tairāwhiti	No co-payment is charged by providers within Tairāwhiti for ultrasound scans funded via the Primary Maternity Services Notice. The former district health board area makes taxi chits available through a couple of avenues for whānau who have transportation issues. Tairāwhiti also has a local private provider who travels up the east coast area and to Wairoa to enable access to ultrasounds scans.
Taranaki	Taranaki does not subsidise ultrasound co-payments. They do support whānau to book scans close to their home, even if this means the scan takes place in a different area. At times they have provided petrol vouchers which are accessed via the Taranaki Health Foundation. Other transport support options are available dependent on whānau meeting the National Travel Assistance criteria.
Central	
Whanganui	No co-payment is levied on whānau by the private provider in the Whanganui area for ultrasound scans funded via the Primary Maternity Services Notice. The area's Hauora Māori providers support whānau as required to access scans, particularly those from rural communities, including transport or financial support with petrol vouchers.
Capital and Coast & Hutt Valley	The Capital and Coast and Hutt Valley areas subsidise the cost of the anatomy (AN) scan for all whānau within the former district health board boundaries. The area does not provide other support, such as transport, for whānau to access ultrasound scans. In the 2022/23 financial year, the area subsidised 2573 anatomy scans.
Hawke's Bay	Hawke's Bay subsidises the cost of maternity ultrasound scan co-payments for all whānau in the former district health board area. Depending on the private provider performing the scan, this subsidy may not cover all the co-payment levied by that provider. The area does not provide other support, such as transport, for whānau to access ultrasound scans. In the 2022/23 financial year, Hawke's Bay subsidised 2607 early pregnancy scans, 1573 nuchal translucency (NT) scans, 2340 anatomy (AN) scans, 4268 growth (GR/GF) scans and 202 multiple pregnancy scans.
MidCentral	The MidCentral area subsidises the cost of maternity ultrasound scan co-payments for whānau who identify as Māori, Pacific or who hold a CSC. Depending on the private provider performing the scan, this subsidy may not cover all the co-payment levied by that provider. MidCentral does not provide other support, such as transport, for whānau to access ultrasound scans.

Wairarapa	Wairarapa does not subsidise ultrasound co-payments for first trimester scans, which are all performed in the community. They do however provide all second and third trimester scans within the Wairarapa Hospital facility at no charge. The local area has numerous options for assisting whānau with transport to access ultrasound scans.
Te Waipounamu	
Nelson Marlborough	Nelson Marlborough subsidises the cost of maternity ultrasound scan co-payments for all whānau in the area. The Nelson area's scans are outsourced to private providers in the community, whereas the Marlborough area's scans are performed in-house. The former district health board area does not provide other support, such as transport, for whānau to access ultrasound scans.
Canterbury	Canterbury subsidises the cost of ultrasound scans for those with CSC cards if they access their scans from one specific provider. Canterbury does not provide other support, such as transport, for whānau to access ultrasound scans.
South Canterbury	South Canterbury subsidises the cost of maternity ultrasound scan co-payments for all whānau in the former district health board area. 95% of maternity ultrasound scans are outsourced to a private provider in the community and the remaining 5% are performed in-house. In the 2022/23 financial year, the area subsidised 3091 anatomy scans. South Canterbury does not provide other support, such as transport, for whānau to access ultrasound scans.
West Coast	The West Coast former district health board provides no cost in-house maternity ultrasound scans for all whānau in the area. West Coast does not provide other support, such as transport, for whānau to access ultrasound scans.
Southern	Southern subsidises the cost of maternity ultrasound scan co-payments for whānau who are referred for a scan by an obstetrician, whether employed by the area's maternity facilities or in private practice. Southern does not provide other support, such as transport, for whānau to access ultrasound scans.