



21 April 2022

S22.08

Submission to Te Tatau o te Whare Kahu / Midwifery Council on the Draft Whānuitanga o Te Mahi / Midwifery Scope of Practice

Introduction

1. The National Council of Women of New Zealand, Te Kaunihera Wahine o Aotearoa (NCWNZ) is an umbrella group representing over 200 organisations affiliated at either national level or to one of our 13 branches. In addition, about 450 people are individual members. Collectively our reach is over 450,000 with many of our membership organisations representing all genders. NCWNZ's vision is a gender equal New Zealand and research shows we will be better off socially and economically if we are gender equal. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision of gender equality because it is a basic human right.
2. This submission has been prepared by the NCWNZ Safety, Health and Wellbeing Action Hub and the Parliamentary Watch Committee.
3. The Statement is of great importance as the Aotearoa New Zealand midwifery model is highly regarded internationally and used as a model for countries developing their midwifery profession and services.

Executive Summary

4. NCWNZ strongly supports the commitment to te Tiriti o Waitangi/Treaty of Waitangi and recognition that Mātauranga Māori, te Ao Māori and Māori cultural practices are integral to midwifery and cultural safety, indeed fundamental to midwifery in Aotearoa New Zealand.
5. We also support the explicit opportunity for increased specialisation and professional development of midwives.
6. Our specific concerns are:

- loss of focus on wāhine/women/ birthing person and pēpē/baby
- the loss of clarity and specificity of the midwife role
- loss of reference to autonomy
- loss of reference to locations of practice.

NCWNZ supports the following in the draft Statement

Te Tiriti and te Ao Māori

7. NCWNZ strongly supports the statement that “*Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai /midwife in Aotearoa New Zealand*” and the commitment to this is reflected throughout the Statement. This is fully aligned with NCWNZ policy:

That NCWNZ is committed to the rights and obligations articulated in Te Tiriti o Waitangi and the Treaty of Waitangi as the founding documents of Aotearoa. NCWNZ demonstrates a visible and tangible commitment to honouring the tikanga of tangata whenua and ensuring the fulfilment of rights and responsibilities of both Tiriti partners.¹

8. We also applaud the recognition that mātauranga Māori, te Ao Māori and Māori cultural practices are integral to midwifery and cultural safety, and considered fundamental to midwifery.

Further specialisation and professional development

9. We support the explicit inclusion of prescribing and the opportunity for midwives to develop skills in specific areas to allow for their future professional development and expansion of their role where appropriate, such as maternal mental health, managing diabetes in pregnancy and providing medical abortion.
10. We note that currently midwives can prescribe and provide contraception, including inserting LARCs. They can provide advice and referral for abortion services and counselling and prescribe medical abortion, but not provide it. The revised Scope will allow midwives to provide medical abortion with additional training. We consider that, as this is such a fundamentally important service, additional training should be funded by the Ministry of Health, not left as the responsibility of individual midwives.

NCWNZ’s Concerns

Loss of focus on wāhine/women/ birthing person and pēpe/baby

11. NCWNZ has always endorsed the principle that the midwife supports not only the pregnant wāhine, woman or person, and their pēpe/babies but also those identified as their support whānau, or other individuals. NCWNZ supports the acknowledgment in the Statement that pregnancy and childbirth can be a whole of whānau event, and affirms the critical importance of whānau support, along with the need to take a holistic view of the health needs of the whole whānau.

¹ NCWNZ. 2021. Appendix “D”: Resolutions of National Meetings 2011-2020. 2.11.3. https://d3n8a8pro7vhmx.cloudfront.net/ncwnz/pages/1025/attachments/original/1622428501/Appendix_D_Resolutions_2011-2020.pdf?1622428501

12. As currently drafted, however, the individual who carries the baby through pregnancy and birthing is invisible in the Statement. It is NCWNZ's strong view that the well-being (physical, emotional, and cultural) of the wāhine/woman or person giving birth, and the physical safety of the baby, must be at the centre of all midwifery practice. They, and their pēpē/ baby, should be specifically identified and recognised in the Statement as being the key relationship for the midwife.
13. We acknowledge and support the intent of the Statement to be fully inclusive and reflective of current and future whānau structures. Many wāhine, women and pregnant people are strongly and joyously supported by partners and whānau. For others this is not so; in fact, pregnancy and childbirth is a time of increased vulnerability, especially for victims of family violence, disabled women and trans people. The rights to autonomy of choice and individual safety of pregnant and birthing persons must be explicitly recognised and protected in the Statement.

Scope of midwives role - clarity and specificity

14. The Statement outlines at a high level, broad categories of knowledge, education, experience, and skills required. We appreciate that there are further documents on competencies and education being prepared. As noted above, midwives have always supported whānau. However, at present the midwife's authorisation to provide clinical care (including assessment, diagnosis, and treatment of certain conditions) is limited to the person who is pregnant and to the baby. The midwife can refer partners and whānau to other health care providers. With its current wording, the draft Statement suggests a midwife could be considered responsible for providing far-ranging health advice and care to other whānau members. The broad scope of "*varied health needs of whanau*" sets no limit and could see a midwife unduly expected to advise and care for members of the whānau. There will be varying interpretations of the nature and scope of responsibility to whānau. Clarity and consensus on boundaries and parameters are essential in a scope of professional practice. We consider much of this has been lost in the revision of the current Statement of Practice.
15. We recommend that some of the specific tasks in the current Scope of Practice Statement be reinstated, including the following:
 - identifying complications, accessing appropriate medical assistance, and implementing emergency procedures.
 - referring – that midwife must recognise when skills beyond their level of competence are required and seek further advice without delay.
 - reference to the responsibility and accountability of midwives for the care they provide.

Loss of autonomy

16. The professional autonomy of midwives is a distinctive, hard-won feature of the profession in Aotearoa New Zealand. In the current Statement of Scope, the right to practise autonomously, and the boundaries of that autonomy, are explicit:

- "on their own professional responsibility to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks, to facilitate births and to provide care for the newborn".
- "In all settings, the midwife remains responsible and accountable for the care they provide."

17. This autonomy is not so clearly stated in the Draft, and given the fundamental importance to the Aotearoa New Zealand model, NCWNZ believes specific reference should be reinstated in the draft Statement.

Locations of practice

18. The current scope includes the midwife's ability to "*practise in any setting, including the home, the community, hospitals, or in any other maternity service*". However, these practice settings have been omitted from the revised Scope statement. NCWNZ considers that the revised Scope needs to explicitly include all midwifery practice settings including home, marae, community/hapori, and hospital, in order to protect midwives' ability to provide services outside institutional settings and to inform wāhine, whānau and other health providers that midwives are authorised to do so.



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