National Council of Women of New Zealand
Te Kaunihera Wahine o Aotearoa

GENDER EQUAL NZ
MAKING EQUALITY REALITY

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S25.11

Submission to Te Tatau o te Whare Kahu | the Midwifery Council on Revised Midwifery Scope of Practice

Introduction

1. The National Council of Women of New Zealand, Te Kaunihera Wāhine o Aotearoa (NCWNZ) is an umbrella group representing around 60 affiliated organisations and 300 individual members. Collectively our reach is over 200,000 with many of our membership organisations representing all genders. NCWNZ has 13 branches across the country.
2. 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.
3. This submission has been prepared by the NCWNZ Safety Health and Wellbeing Action Hub.

Summary

4. We welcome the opportunity to make a submission. Our submission is based on our previous submission in April 2022[1] to the proposed revised Scope of Practice which raised issues that we revisit in this submission.
5. We also address the issues raised in the Regulation Review Committee's Report, *Complaints about the Midwifery Scope of Practice* and *Qualifications Notice 2024*[2]. Our submission also reflects our extensive consultation with our members on recent submissions on maternity care issues, including on the Women's Health Strategy,

[1] NCWNZ Submission on the Midwifery Scope of Practice. See S22.08_Midwifery_scope_of_practice_.pdf
[2] Regulations Review Committee/Komiti Arotake Waeture February 2025 Complaints about the Midwifery Scope of Practice and Qualifications Notice 2024. See RR report to the House re MCNC SOP.pdf

Accident Compensation (Maternal Birth Injury)[3] and Submission to the Health Committee on the Pae Ora (Healthy Futures) Bill.[4]

6. The health and wellbeing of pregnant women and good birth and post-natal outcomes are critical to the future wellbeing of the child, whānau and all of society, across generations. Well-trained, competent, professional midwives are an essential and critical part of maternity services. A robust, clear and achievable Scope of Practice is essential to achieve this.
7. Our submission is structured on each of the Clauses of the Amended Scope of Practice October 2024 with some general, overarching comments and recommendations.

General comments

8. A professional Scope of Practice defines the boundaries of a healthcare professional's activities, skills, and knowledge, determined by their education, training, and licensing. It outlines what a professional is competent and authorised to do within their profession. As such, it should be clear and unambiguous to those professionals and related professions, and to those under the professionals' care. It is not an aspirational document, but as knowledge and skills develop through experience and continuing education, a professional's scope of practice may also evolve-hence the periodic reviews by the Council. As presently drafted, we agree with the Regulations Review Committee that the Scope is not fit for purpose and "requires elucidation".[5]
9. We strongly support the Council's commitment to embedding the principles of Te Tiriti o Waitangi/Treaty of Waitangi in midwifery practice, and acknowledgement of mātauranga Māori and other worldviews, but would welcome more clarity about how this looks in midwifery practice.
10. We also support the acknowledgement of the importance of whānau but are of the firm view that the safety and wellbeing (physical, emotional and cultural) of the mother and the physical safety of the pēpē/baby, must be at the centre of all midwifery practice. We also note that not all mothers have a supportive whānau and are often at their most vulnerable during pregnancy and childbirth. Mothers and their pēpē/ baby should be recognised in the Statement as being the key relationship for the midwife.
11. We are also confused at the inconsistent use of the term whānau throughout the document and would welcome more clarity on this.
12. We remain concerned about the scope "creep" in the midwifery role in terms of health education to "*whānau and communities*". Whilst acknowledging sometimes very strict boundaries can be impractical, we think the scope should be further defined.

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[3] NCWNZ Submission on the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill. See S22.03_oral_ACC_Maternal_birth_injury_.pdf

[4] NCWNZ Submission on the Pae Ora (Healthy Futures) Bill. See S21.28_Pae_Ora_Healthy_Futures_Bill_.pdf

[5] Regulations Review Committee/Komiti Arotake Waeture February 2025 Complaints about the Midwifery Scope of Practice and Qualifications Notice 2024. See RR report to the House re MCNC SOP.pdf, P8.

Recommendations

13. That the following Clauses be amended to read:

i. Clause 1: *The primary obligation of a kahu pōkai | midwife is to provide care for women and their pēpē/ babies during preparation for pregnancy, pregnancy, birthing, and post-partum up to six weeks*.

ii. Clause 2: *A kahu pōkai | midwife works on their own professional responsibility and is responsible and accountable for providing whānau-centred, culturally and clinically safe care in any setting.*

iii. Clause 3: is given further attention.

iv. Clause 4: *A kahu pōkai | midwife develops knowledge of and respect for mātauranga Māori and other worldviews to provide safe midwifery care that promotes health and wellbeing.*

v. Clause 7: *Fundamental to a kahu pōkai | midwife's expertise and knowledge is the understanding, promotion, and facilitation of the physiological and pathophysiological processes of pregnancy, birth, and the postpartum period that support health and wellbeing, with timely referrals in accordance with the Guidelines for Consultation Obstetrics and Related Medical Services (2023).*

vi. Clause 9: *A kahu pōkai | midwife consults and collaborates effectively with those they provide care to and other health professionals and services, making timely referrals when appropriate, based on Health NZ accepted referral guidelines.*

vii. Clause 11: *A kahu pōkai | midwife has an important role in health education, for the women and gender diverse people they serve. The primary focus is on antenatal care, pregnancy and critical post-natal care including contraception and resumption of fertility, parenting and infant wellbeing, referral to Well Child services and re-engagement with GPS and other primary health care providers. Advice may extend to* whānau *when their behaviours or health status impact on the health of the mother and baby.*

viii. Clause 12: is deleted as outside the Scope of Practice for an individual midwife.

Comments on specific clauses

Clause 1 Primary Obligation

14. The Proposal reads: *The primary obligation of a kahu pōkai | midwife is to provide whānau-centred care for individuals (however they may identify) who are capable of childbearing and who are preparing for pregnancy, pregnant, birthing, and post-partum up to six weeks.*

15. We agree with complainants who argued that this broad use of language confounds understanding of the Scope, could result in differing interpretations, and may create confusion about a midwife's role. [6]

[6] Ibid. P.5

16. NCWNZ has always endorsed the principle that the midwife supports not only the pregnant woman and their pēpe but also their whānau or other support individuals, that birth can be a whole of whānau event, and the need to take a holistic view of the health needs of the whole whānau. However, we reiterate our strong view that the safety and wellbeing (physical, emotional and cultural) of the mother and the physical safety of the pēpē /baby must be at the centre of all midwifery practice. They should be recognised in the Statement as being the key relationship for the midwife.
17. The original explanatory note on the meaning of "whānau" for the purposes of the Scope was helpful and should have been included in the Scope. This stated that:
    These clauses are followed by an explanatory end note which specifies that a midwife's primary obligation is to the "wāhine hāpu/pregnant person and pēpē/baby". The end note also states that, for the purposes of the Scope, the term "whānau" means "the wāhine hapū/pregnant person and pēpē/baby in their social context, enabling care as it relates to pre-conceptual care, pregnancy, childbirth, and newborn care".[7]
18. However, in their initial response to the Committee's findings, the Council of Midwives stated:
    It argued that this does not de-centre women and babies but is intended to take into account the different ways that here in Aotearoa New Zealand and identify and recognise the "contemporary needs of whānau". It clarified that its explanation of the word "whānau" in the explanatory endnote is not intended to be used as a definition for each use of whānau in the Scope but rather to explain what the Council means when it discusses midwives providing care to whānau.[8]
19. This is totally confusing, implying that whānau means different things throughout the Scope document.
20. We recommend that the wording of Clause 1 is amended to read:
    The primary obligation of a kahu pōkai | midwife is to provide care for women and their babies/ pēpē during preparation for pregnancy, pregnancy, birthing, and post-partum up to six weeks.

Clause 2 Professional responsibility

21. The Proposal reads: *A kahu pōkai | midwife works on their own professional responsibility and is responsible for providing whānau-centred, culturally and clinically safe care in any setting.*

22. We acknowledge and support the intent of the Scope to be fully inclusive and reflective of current and future whānau structures. Many women are strongly and joyously supported by partners and whānau. For others this is not so. We are aware that there are refugee and migrant women who have no family here with them in Aotearoa New Zealand and the midwife and other health professionals might be the only support they have during pregnancy, childbirth and the post-natal period.

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[7] Ibid p.3
[8] Ibid p.6

23. Pregnancy and childbirth are often times of increased vulnerability, especially for victims of family violence or disabled women. The rights to autonomy of choice and individual safety of women must be explicitly recognised and protected in the Scope.
24. We also note that there is no reference to "accountability" in the Scope. Accountability is co-requisite with professional responsibility and judgement. We agree with the Committee's recommendation that the Council also include a statement directly acknowledging that midwives take professional responsibility for themselves and are accountable for the care they provide, regardless of the setting in which they practise. [9]
25. However, "accountability" has not been included, and we recommend Clause 2 be revised to read:
    *A kahu pōkai | midwife works on their own professional responsibility and is responsible **and accountable** for providing whānau-centred, culturally and clinically safe care in any setting.*

Clause 3 Te Tiriti o Waitangi

26. The Proposal reads: *A kahu pōkai | midwife in Aotearoa New Zealand honours Te Tiriti o Waitangi by embedding the principles of self-determination, equity, and partnership in their practise.*
27. We agree with the Committee that this clause as originally drafted was unclear and that an explanation of the obligations and expectations that this entails could be included in the clause.[10]
28. We do not consider that merely adding the words self-determination, equity, and partnership provides much clarification, as it is not clear what this looks like in terms of midwifery practice.

Clause 4 Worldviews

29. The Proposal reads: *A kahu pōkai | midwife develops knowledge of mātauranga Māori and other worldviews to provide safe midwifery care that promotes health and wellbeing.*
30. We support Clause 4 but think it could be strengthened by adding the words "and respect for" to read:
    *A kahu pōkai | midwife develops knowledge of **and respect for** mātauranga Māori and other worldviews to provide safe midwifery care that promotes health and wellbeing.*

Clause 5 Cultural and Clinical

31. The Proposal reads: *A kahu pōkai | midwife draws upon cultural and clinical knowledge and skills, with effective communication, to assess, identify complications, diagnose, plan, provide and evaluate care.*
32. We support Clause 5.

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[9] Ibid p.6
[10] Ibid p.6

Clause 6 Prescribing

33. The Proposal reads: *Where clinically indicated, and with appropriate education, a kahu pōkai | midwife prescribes treatments and medicines within their own level of education and expertise.*
34. We support Clause 6 but suggest it could be better worded as: *Within the **scope of** their own level of training and expertise.*

Clause 7 Physiological processes

35. The Proposal reads: *Fundamental to a kahu pōkai | midwife's expertise and knowledge is the understanding, promotion, and facilitation of the physiological processes of pregnancy, birth, and the postpartum period that support health and wellbeing.*
36. The meaning of this Clause is unclear and is incomplete. The midwife must also be able to recognise pathophysiological processes and make timely referrals in accordance with national guidelines; this includes pain relief, which is often an essential requirement during labour, but is not mentioned in the Scope.
37. We recommend that Clause 7 is redrafted to read:
    *Fundamental to a kahu pōkai | midwife's expertise and knowledge is the understanding, promotion, and facilitation of the physiological and **pathophysiologica**l processes of pregnancy, birth, and the postpartum period that support health and wellbeing, **with timely referrals in accordance with the Guidelines for Consultation Obstetrics and Related Medical Services (2023).**[11]*

Clause 9 Collaboration

38. The Proposal reads: *A kahu pōkai | midwife consults and collaborates effectively, in a whānau-centred way, with those they provide care to and other health professionals and services, making timely referrals when appropriate.*
39. We support the acknowledgement of the need for collaboration with other health professionals and timely referrals, again in accordance with national guidelines. However, we have the same concerns as in Clause 2 regarding the choice and autonomy of the mother who should have the first and final say on her and her baby's care.
40. In this instance, we would delete the reference to whānau and revise Clause 9 to read:
    *A kahu pōkai | midwife consults and collaborates effectively with those they provide care to and other health professionals and services, making timely referrals when appropriate, **based on Health NZ accepted referral guidelines.***

Clause 10 Quality and safety

41. The Proposal reads: *A kahu pōkai | midwife supports the quality and safety of midwifery care through continuity of care, evidence-based and reflective practice, professional development, and through seeking feedback from health professionals and those they provide care to.*

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11 https://www.tewhatuora.govt.nz/publications/guidelines-for-consultation-with-obstetric-and-related-medical-services-referral-guidelines

42. We support Clause 10.

Clause 11 Health education

43. The Proposal reads: *A kahu pōkai | midwife has an important role in health education, for the women and gender diverse people they serve, and with whānau and communities. That includes antenatal and parenting education; and may extend to sexual and reproductive health care.*
44. A Scope of Practice should be achievable and not setting people up to fail. We have the same concerns about this Clause as we did in our previous submission in 2022 regarding the open-ended scope of the advice and care the midwife should provide. This clause extends that scope even further with the addition of "communities". Extending the scope even further seems especially unwise at a time of a crisis in midwife numbers and capacity. What is the expectation? What is the standard by which the midwife would be judged? Is the midwife responsible and accountable for the health outcomes of all the whānau?
45. We acknowledge that the health of the whānau is important e.g. smoking in the household or STD in a partner, and that it can be difficult to define boundaries for referral to appropriate services. However, we think it should be clear that the primary focus for health education from the midwife is the mother and that advice to partners and whānau is related to antenatal care, pregnancy, and key post-natal areas such as breastfeeding, contraception and resumption of fertility, links to Wellchild services, vaccinations and re-engagement with GPs.
46. We recommend that Clause 11 is redrafted to read:
    A kahu pōkai | midwife has an important role in health education, for the women and gender diverse people they serve. ***The primary focus is on antenatal care, pregnancy and critical post-natal care including contraception and resumption of fertility, parenting and infant wellbeing, referral to Well Child services and reengagement with GPS and other primary health care providers. Advice may extend to whanau when their behaviours or health status impact on the health of the mother and baby.***

Clause 12 Advancing midwifery

47. The Proposal reads: *A kahu pōkai | midwife is involved in the advancement of midwifery, which may be achieved through education, research, management, quality and safety, regulation, or leadership.*
48. The "advancement of midwifery" as a profession is the role of the College of Midwives not the individual midwife, so should not be within the Scope of Practice. As with other medical professionals, if a midwife keeps up her Continuous Professional Development CPD), that is all that should be required of her.
49. We recommend Clause 12 is deleted.

Clause 13 Professional Development

50. The Proposal reads: *A kahu pōkai | midwife may expand their midwifery practice, where appropriate, by undertaking relevant education and gaining expertise.*

51. As in Clause 12 above, the requirement should be for the midwife to engage in a CPD programme approved by the Midwifery Council. We support opportunities for postgraduate training for midwives but also support midwives who wish to focus on delivering babies.
52. Should midwives want to undertake postgraduate study or research, there need to be clearly defined mechanisms, approved by the College of Midwives to facilitate this.

Conclusions

53. Midwives are an essential part of ensuring the health and wellbeing of women and pēpē/babies. A high level of clinical and cultural competency, within clear boundaries, is needed to achieve this.
54. NCWNZ does not consider the current draft provides this clarity, and whilst supporting a whole of whānau approach, we have particular concerns about placing unreasonable and unrealistic demands on an already overstretched workforce.

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