Waitematā
District Health Board
Best Care for Everyone

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22 April 2022

Dr Susan Calvert
Tumu Whakahaere me te Pouroki: Chief Executive and Registrar
Te Tatau o te Whare Kahu | Midwifery Council

By email: feedback@midwiferycouncil.health.nz

Kia ora Sue,

Re: Scope of Practice feedback

Please accept this feedback on behalf of Waitematā DHB

In preparing this feedback the Waitematā DHB Maternity Services has considered the aspirations of the Council for a broader and more comprehensive scope, and we see considerable merit in this approach.

We are very supportive of the proposal to align the scope with Te Tiriti o Waitangi, and the desire to pursue more equitable and culturally safe midwifery care.

We view the draft scope as an enabling document that significantly expands the role of the midwife in Aotearoa. We would like to draw the attention of council to some possibly unforeseen and unintended consequences of the proposed scope and the impact this may have on midwifery in Aotearoa, and as a result on public safety.

1. Whilst possibly not intended, expanding the scope to include all sexual health, all infant health (up to two years of age), and all whānau health significantly expands the role of the midwife and will inevitably see midwives working exclusively in these new fields. This may inadvertently disperse the workforce over a much wider number of roles and will inevitably lead to fewer midwives being available for pregnancy, labour, and immediate postnatal care, which has been the unique domain of a midwife. Resulting in an increased risk to public safety.

2. Expanding the scope to include all sexual health, all infant health, and all whānau health significantly expands the role of the midwife resulting in a much larger knowledge and skills base required to qualify for registration. This assumes these are core competencies and not part of an expanded scope. The impact of this is either to expand the undergraduate programme to cover the new knowledge and skills resulting in a significantly longer undergraduate programme acting as a barrier to enrolment, or to accepting that midwives will be under-qualified at the point of registration with a consequent risk to public safety.

3. The time parameters of the role (pregnancy through to six weeks postpartum) are historical and based on the 40 day lying-in period seen over many cultures worldwide. Laying claim to this unique period of time enables women to receive midwifery specific care in this period.

Leaving this period open enables other workforces to capture postnatal care under their scope. Expanding beyond these parameters also exposes employed midwives to redeployment into non-maternity wards to fill nursing shortages, contributing to staff disenfranchisement and attrition.

4. Lack of clarity around what care can be provided on the midwife's sole responsibility and what can be provided as part of a wider health care team. This potentially creates problems when practitioners step outside the intention of the scope and deliver care they are not qualified to provide, for example prescribing anti-hypertensives, or treating asthma. Similarly it may also give the impression that care is only delivered as part of a wider health care team as exists with nursing (the nurse practitioner scope is separate for this reason).

5. The scope makes no mention of locations of care. In the past this has protected the right of midwives to provide homebirth, and while this protection may not still be needed, would it be problematic to include this, just to be on the safe side?

6. The use of the word whānau to replace the words women and pregnant people was not well understood and is likely to be open to confusion. Whilst we understand that the CRG had a high level of comfort with this term to be a generic term for pregnant people and their significant others, the word whānau has a much wider use in Aotearoa and is therefore likely to be open to significant misinterpretation. The scope of practice as a document needs to be simple and use terminology well understood by the profession and also by the general public. Inevitably this confusion will lead to a legal challenge at some point in the future.

The scope could be written as follows without changing the intent:

Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai / midwife in Aotearoa New Zealand. The kahu pōkai / midwife provides culturally and clinically safe care, drawing upon evidence to enable whānau[*] sexual and reproductive health, preconceptual, pregnancy, birthing, postnatal and infant health and wellbeing within the wahine journey from preconception to 6 weeks postpartum on their own responsibility and in any context including home.

[*] For the purposes of this document whānau is a term used to describe wāhine, pregnant people, their infants and their significant others

The Council may also wish to consider adding sexual health, infant health, and whānau health as an extended scope with accompanying credentialing programme for those that wish to do this as occurs with other workforces.

Nga mihi

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