



## Media Release

### Midwifery Care is Safe

“The New Zealand College of Midwives extends its deepest sympathy to the family on the death of their baby and the very public debate that has resulted.

While the College has no wish to cause the family further distress it is important for all families to know that their maternity services are safe, says Karen Guilliland, CEO, New Zealand College of Midwives .

“The College of Midwives is extremely concerned at the undermining of the midwifery profession in the last few days as a result of this case. Unsubstantiated speculation and hearsay by a public health doctor against another profession is highly unprofessional and entirely unnecessary,” says Karen Guilliland, CEO, New Zealand College of Midwives.

All health professionals have a code to do no harm and this requires them to use the processes set up for investigation and review that can ensure the best outcome for both the consumer and the health service. The Health Practitioners Competence Assurance Act provides a statutory process for doctors, midwives and other health professionals to notify the appropriate regulatory body if concerned about another health practitioner’s competence.

“If Dr Ate Moala has had documented and provable concerns about midwives for “twenty years” she had the opportunity to have taken this course a long time ago. She has not done so. It is shroud waving in the extreme to take these concerns to a political and media level as your first port of call” says Karen Guilliland.

Furthermore Ate Moala was not at the birth and it is unfortunate that she has based her opinions on incorrect facts. The College understands the individual midwives concerned with the inaccurate publicity around this case have consulted their solicitor who is instructing Senior Counsel Helen Cull, QC with regard to defamatory comments made by Dr Ate Moala and the unquestioning publication of these by various media.

The College supports the individual midwives in their expectation of natural justice.

“All NZCOM member midwives are advised to cooperate with any properly conducted enquiry as part of their professional duty and they will be doing so. As yet no one has spoken to the midwives concerned to confirm any of the clinical circumstances. The College believes many of the statements made by Ate Moala are not only incorrect but misleading and a misrepresentation of the clinical situation” Karen Guilliland explains. “The New Zealand College of Midwives will be lodging a complaint to the Medical Council about Dr Ata Moala’s actions in this case.”

“Approximately 30% of breech babies are undiagnosed by both midwives and doctors. Undiagnosed breech births constitute an obstetric emergency which occur from time to time even in the best of maternity services. Midwives skills in breech birth are a part of their scope of practice and part of their recertification and education programs. As such midwives are appropriate health professionals to provide care in this instance.” she says.

The College reassures women that the vast majority of babies in NZ are born alive and well including breech babies. Birth outcome figures for babies in New Zealand reflect this and are better than or compare very favourably with other countries such as Australia, United Kingdom, Canada and USA.(See Fig 1,2,3)

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**Statistical data supporting the safety of midwife care.**

**Midwifery and Maternity Provider Organisation Data**

In 1997, the Midwifery and Maternity Providers Organisation (MMPO) was established by the New Zealand College of Midwives (NZCOM). The main purpose was to provide midwife members with a supportive practice management and quality assurance infrastructure, thereby enabling high quality continuity of care for women throughout Aotearoa, New Zealand. It identifies outcomes for women who have a midwife LMC and demonstrates significantly better neonatal mortality outcomes than the national and international averages.

**Definitions**

**Neonatal mortality;** babies who die at birth or within 7 days following birth. This is the same definition used by most countries.

**Perinatal mortality;** babies who die from 20 weeks gestation (or over 400gms birth weight) to seven days after birth. Comparing perinatal rates internationally is difficult because the definitions are sometimes different e.g. the UK only counts fetal/baby deaths from 22 weeks gestation. The neonatal rate is therefore a better comparative measure when looking to see how the services around birth are compared.

**Figure 1. The Neonatal mortality rates comparisons per country**

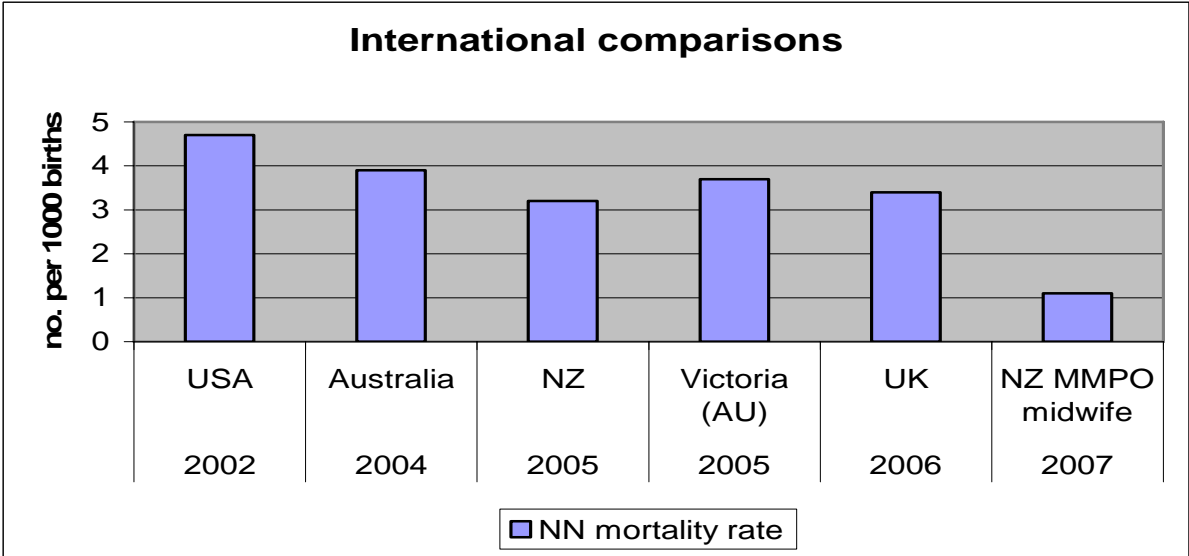


Fig 2. NZ Perinatal mortality over nine years

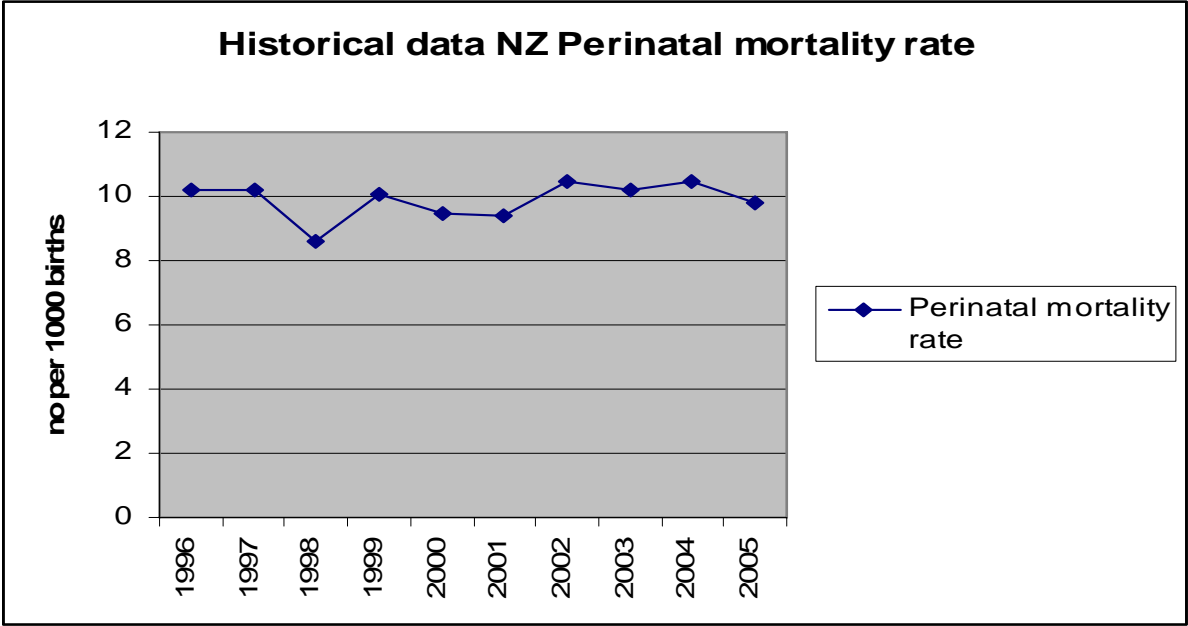


Fig.3 Numbers of Births in New Zealand

