



NEW ZEALAND COLLEGE OF MIDWIVES (INC)

16th February 2018

Newborn Enrolment with General Practice Bill

FEEDBACK FROM

New Zealand College of Midwives

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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to on average 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby. It provides women with the opportunity to have continuity of care from a chosen maternity carer (known as a Lead Maternity Carer or LMC) throughout pregnancy and for up to 6 weeks after the birth of the baby, and 92% of women choose a midwife to be their LMC. Primary maternity services provided by LMC midwives are integrated within the wider primary care and maternity services of their region or locality. The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and well-being.



16th February 2018

Ciara Lee

Committee Secretariat

Health Committee

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Wellington

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Newborn Enrolment with General Practice Bill

The New Zealand College of Midwives (the College) are grateful for the opportunity to provide a submission on the Newborn Enrolment with General Practice Bill.

Midwives work in partnership with women, 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. Partnership is a key concept for the midwifery profession. New Zealand midwives work in partnership with the woman and her family in a relationship of trust, shared decision making and responsibility, negotiation and shared understanding.

Care given by Lead Maternity Carer midwives to newborn infants includes enrolment on the National Immunisation Register, referral for hearing screening, metabolic screen testing and a detailed examination of the infant before transfer to a well child provider. In addition to this midwives are providing birth notifications, and sending general practice and well child provider referral forms. Midwives also refer any families with social issues to appropriate organisations as necessary, and refer on any mothers and/or infants with health concerns. These and other

requirements are also specified in the Primary Maternity Services Notice 2007 pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000.

Because of the comprehensive service already provided by lead maternity carer midwives the College does not fully understand what this proposed bill is intending to introduce that is different to what already occurs. It appears that the proposed bill is not based on a clear understanding of the current processes and structures that are already in place. Part 4 of the bill identifies what already happens and what is required in Section 88, so the College wonders why this is being repeated.

The College considers that:

1.0 The notification and handover to primary care and well child services is already extremely high (over 95%) and has been since 2008 (See appendix 1 for source data).

1.1 This bill undermines midwives' roles as autonomous practitioners, and it does not recognise the important role midwives already play in health care for the mother, her infant, and her family.

1.2 If the purpose of the bill is to increase immunisation rates the College considers that this is unlikely to be achieved as it will not affect families who change home location frequently, and/or those who do not wish to engage with health services, and it will not affect families who have made informed decisions to either not immunise, or delay immunisation for their infants.

1.3 If the aim is to improve health outcomes for infants by early detection of health or social issues the College again points out that midwives are the health practitioners who see mothers and new babies regularly using a continuity of care model, and they assess infant health and wellbeing at each home visit.

1.4 Midwives use relevant local agencies, referral pathways and points of contact in their regions in order to refer infants for assessment when required.

1.5 Midwives already connect with, and refer to, Well Child, Tamariki Ora and general practice services.

1.6 Midwives uphold each woman's right to free, informed choice and consent, throughout their pregnancy, birth and postnatal care period.

1.7 This bill may result in administrative burdens for general practices for minimal, if any, gain. There also seems to be an element that appears to be telling general practice how to organise their already functioning systems.

In conclusion, and in light of the existing services and systems that already provide the service that this bill appears to be focused on repeating, the College considers that the bill would not achieve anything of significance, and that it should not proceed any further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Guilliland', with a stylized flourish at the end.

Karen Guilliland
Chief Executive
New Zealand College of Midwives

Appendix 1

From the Ministry of Health Report on Maternity 2015 (p. 65)

Handover of care

Under the Primary Maternity Services Notice 2007, the LMC is responsible for ensuring that handover to primary care and Well Child/Tamariki Ora services takes place. At four to six weeks after birth the LMC must:

- Discharge the woman from LMC services and notify their GP
- Transfer the baby's care to a Well Child/Tamariki Ora provider

Women may decline the referral to a GP and to a Well Child/Tamariki Ora provider. The data presented regarding referrals is sourced from LMC claim forms and is therefore only available for women who were registered with an LMC and their babies.

Of the women who registered with an LMC in 2015, the vast majority accepted referral to their GPs at LMC discharge **(95.4%)**. Care for the majority of babies was transferred to a Well Child/Tamariki Ora provider **(97.9%)**.

The proportion of referral for women and their babies has been consistently high at **over 95%** from **2008-2015**.