EDITORIAL

Celebrating and honouring midwifery in New Zealand

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Sitting on Takapuna beach with a visiting midwife from Europe I listened to her woes about UK midwifery and her delight in hearing about how maternity is set up in New Zealand. She rarely knows women she cares for, never experienced continuity of care in midwifery education and her colleagues complain that they do not want continuity as it is too hard, unsustainable and exploitative. Yet she yearned to work the way we in New Zealand take for granted. She loved hearing how we can move between core and LMC work as our personal lives change. She was captivated by my own stories of working as a rural LMC in Northland. She understood the challenges that meet us here yet as she exclaimed, "at least you have a system worth fighting for and maintaining!" Never underestimate the achievements of New Zealand's maternity system. When this issue comes to print I will be immersed in a very different system of maternity services; one not based on continuity. I am poised after 10 years in New Zealand to take up a midwifery professorial chair in Scotland that has a system aligned with the experience of the UK midwife above.

Continuity of care continues to enjoy mounting evidence in its favour globally. A recent Cochrane systematic review on continuity of midwifery care headed by Professor Jane Sandall (2015) included 15 trials involving 17,674 women. The review concluded that women accessing midwife-led continuity models of care are less likely to experience intervention and more likely to be satisfied with their care. The review found that rates of adverse outcomes for women or their infants were not shown to be significant compared to such rates arising from other models of care. The majority of included studies in the review reported a higher rate of maternal satisfaction in midwife-led continuity models of care as well as a cost-saving effect compared to other care models. The evidence is striking: women enjoy it, it is cost effective and safe, and New Zealand has shown that it is sustainable. It may seem foolish that others globally do not adopt our model of continuity. Yet we still have work to do. Nothing can be taken for granted even if it is embedded into our everyday professional lives. There is so much more left unsaid, unseen and to be known. Intervention rates remain high in many regions and the majority of women birth in secondary services despite being low risk and despite the centrality of continuity of carer. There is still much to explore and examine in New Zealand midwifery.

In a recent conversation with another New Zealand colleague we questioned "is it the philosophy of midwifery care or is it the continuity model that makes a difference to women, babies and their families?" We must ensure we continue to tease out the concerns and ask these questions. Whatever the questions and answers may be, it is vital that midwives are respected and honoured for their contributions. Midwives continue to provide quality care 24/7 across all regions, urban, rural and remote rural. It is imperative that midwives are not exploited and our valuable contributions to New Zealand society continue to be acknowledged. The focus for midwifery/maternity researchers is on presenting evidence that supports what we do and the improvements we can make. In addition, research needs to focus on how we can continue to provide the best possible midwifery care that is also personally and professionally sustainable. I am pleased to see that the articles in this edition contribute to these understandings.

Over the last year you would have received nine articles electronically. Now you can sit with your feet up with this complete printed edition. There is always more "to see" in an article on a second read. This edition includes these nine thoughtful and very different research papers demonstrating the breadth of research in New Zealand. Keiko Doering and team explore the experiences of Japanese women in New Zealand's maternity system. This paper reminds us of the vastly different cultures and aspirations of women receiving midwifery care and the importance of informed decision making. The next paper is the second in a series from the AUT research team examining sustainable LMC practice. The focus in this second paper is practice arrangements that sustain LMC midwives. The practical suggestions given are based on the experience of colleagues who have worked in LMC practice for many years. The third paper by Kay Jones and Liz Smythe brings us back to the experience of the midwife at stillbirth. Their paper reminds us of the emotional work that midwives are faced with in practice. The fourth paper turns our attention to the public health issue of obesity and breastfeeding. In this paper Lorna Massov explores the correlation between overweight new mothers and low breastfeeding rates. The fifth paper examines important developments in midwifery education and the use of simulated learning for our student midwives. The sixth paper is concerned with the public health issue of smoking and pregnancy. In this paper Alison Eddy and colleagues report on an observational study that audited an intervention to support pregnant women becoming smoke-free. The seventh paper by Pamela Wood and Jan Jones is a historical study examining how domestic health guides supported women giving birth in New Zealand and Australia between 1900-1950. Appreciating where we have come from can be helpful. The paper provides a fascinating insight into the information provided to families, facilitating reconsideration and reflection upon contemporary maternity issues. The eighth paper in this issue is offered by Jean Patterson and team. This paper returns to midwifery education with a focus on communication and distance learning. Their paper reports on a survey examining blended learning and how students studying off campus can be engaged in their learning. The final paper demonstrates the importance of following robust research methods to ensure reliable conclusions.

The quality of these articles would not be possible without the peer reviewer process. Each paper is reviewed by peers who give their time and expertise freely. Much gratitude goes to these reviewers for their ongoing contribution to this journal. The editorial board has changed in the last year. The editorial board would like to acknowledge the valuable contributions of Jackie Gunn who has stepped down from her role of sub-editor. The editorial board also welcomes Lorna Davies (CPIT) as a new sub-editor. There are so many others who could be thanked; far more than can be included here. Needless to say it is a collaborative process, working in partnership with authors, reviewers, editorial board members and publishers. It is always a team effort to bring each paper and each new annual printed edition to publication. The editorial board hopes you enjoy this edition of the New Zealand College of Midwives Journal and wishes you well for the coming holiday season.

REFERENCE:

Sandall, J., Soltani, H., Gates, S., Shennan, A,. Devane, D. (2015) Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews, Issue 9*. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub4.