



## **MERAS Lodges Pay Equity Claim on Behalf of DHB-Employed Midwives**

MERAS has lodged a pay equity claim with DHBs.

Although there was some money set aside in the Government's Budget to deliver pay equity for self-employed midwives, the MERAS claim is on behalf of hospital-based midwives.

In our pay equity claim, MERAS argues that including midwifery in nursing wage settlements through successive negotiations with DHBs, has negatively affected midwives' pay.

We say pay equity for employed midwives needs to be considered independently to that of nurses as there are significant differences between the two professional groups in regard to undergraduate qualifications, training programme requirements and scope of practice.

### **Historic under-valuing of midwifery**

The MERAS pay equity claim is based on a process agreed by the Council of Trade Unions and State Services Commission following the Care and Support pay equity settlement in aged care and disability sectors.

The first step was to establish that midwifery has been under-valued because it is a profession that is predominantly women, and that there are historic, cultural and societal factors which have led to the devaluing of and remuneration for the work.

We presented evidence from successive Census data showing that 98% of midwives are women.

We argued that to understand the connection between wage setting for midwives and nurses, it was necessary to appreciate the historical and political background to birthing in New Zealand as it evolved during the 20<sup>th</sup> Century.

We went back to the 1925 Nurses and Midwives Registration Act which meant that midwives, who had previously been autonomous practitioners, became classified as maternity nurses able to care for women only under the direction of a doctor.

At the time, midwives were numerically a much smaller group than nurses. They had no representative organisation of their own and consequently were powerless to prevent negative changes to their profession.

For a number of years before legislative change in 1990, women from consumer advocacy groups were voicing concerns about the impersonal, fragmented and hospital-controlled maternity care provided to expectant mothers in New Zealand.

Their calls for change, and the establishment in 1989 of the New Zealand College of Midwives, were a major influence in the enactment of the Nurses Amendment Act 1990, providing statutory recognition for midwives as "safe and competent practitioners in their own right."

In addition, midwives were given the statutory right to prescribe drugs, order diagnostic tests, and train without prior nursing qualifications.

A four-year direct entry midwifery degree programme was introduced.

### **Current wage-setting ignores work conditions and responsibilities**

However, despite these changes DHB-employed midwives continue to be paid on the same pay scales as nurses.

MERAS argues that the linking of employed midwives' pay scales to those of nurses fails to take into account the differences in qualifications and training required to do the job and maintain your standard of care and scope of practice.

The current wage setting also ignores differences in the nature of the work, the responsibilities associated with the work, the conditions under which the work is performed, and the emotional and physical demands of midwifery.

### **Next steps**

MERAS is progressing discussions on our pay equity claim as part of our MECA negotiations.

Having a pay equity process agreed through MECA bargaining allows us to control the process and to set timeframes for any outcome to be introduced. This is likely to be 31 December 2019.

The alternative is to progress a pay equity claim through bargaining is for MERAS to lodge a claim with the Employment Relations Authority (ERA) which would be a much slower and complex process.