

Nga Haerenga – The Journeys

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My husband and I have become keen mountain bikers. He has developed this amazing ability to seemingly effortless cruise to the mountain top on his bicycle, whereas I struggle and frequently feel like giving up before I get there. Partnership in this context became even more meaningful to me. He rides behind me and coaches me forward; change your gear down now, watch for the ditch in front, pedal faster, change up a gear, we are nearly there and don't give up now, you are doing so well. This reminded me of the diverse aspects of the partnership midwives

develop with women. Through continuity of care midwives in New Zealand have the privilege of getting to know the woman and her family/whanau. This means, midwives can help when the going gets tough, by knowing what the individual woman in her context needs to get through labour, transition and birthing her baby. While partnership is about determining together what steps to take, at challenging points it may mean the midwife can take the lead in coaching the woman how to negotiate her next step. For example, when the contractions seem too strong, take a deep breath, have a drink, go to the toilet, change position, encouraging words when transition is looming and maybe even sharing she is nearly there as the baby's head is descending. This would not be an appropriate time to ask what she wants (quite apart from the hormonal orchestrations that are interrupted by questions), but a time to coach her to 'get to the top' and meet her baby.

Currently in New Zealand we have a national project that aims to build a world class network of cycle trails connecting the whole country. The project is known as 'Nga Haerenga' - 'the journeys', meaning journeying both in a physical and spiritual sense. Imagine riding through the cool of the New Zealand bush, dense with fern, dappled with light and the only sound is the call of native birds loud above the hum of the bicycle or imagine a trail that rounds a wide sweeping bend to a view that simply takes your breath away – stunning snow-capped peaks mirrored in a deep, still lake. But of course these wonderful journeys also include falling off the bicycle, getting punctures and getting lost. All those challenges add memories and experiences encouraging personal growth, developing life wisdom and refining skills that in turn can be shared with people embarking on their journey for the first time.

The journey from penning the first word for an article through to seeing it published can take many hours and often needs support not only from the editors but also from friends who can provide support or encouraging words when needed, especially when it feels that the article is 'never' going to be published. Currently the journey to have an article published in the NZCOM journal takes anything between six to 18 months and often requires several re-submissions following editorial feedback. This is a normal publication process and happens with other journal publications globally, but can be difficult to journey through, when it is a first time experience. Just like biking up a steep mountain arriving at the point of nearly giving up, so too authors need appropriate support and direction. It takes courage, determination, endurance and commitment. I would like to acknowledge and thank all the authors who have submitted articles and are currently going through this process. A special thank you and

congratulations to the authors who completed their journey to share their knowledge for this journal issue.

The editorial board have been working towards streamlining the journal processes with one of the steps being an annual print edition. It has only been six months since our last printed publication (Issue 48 & 49) but the reason for printing this issue now is so that we can establish December as the annual publication month. This will support clearer referencing with all articles in future annual issues published within that calendar year. We will continue to publish and disseminate articles electronically once they have been accepted for publication as an 'issue in progress' (the feedback has been overwhelmingly positive). As usual the article will then be available on our NZCOM website within 3 months of dissemination to our members.

This issue provides a wide range of subjects and perspectives, demonstrating the depth and breadth of midwifery knowledge and research. In the first article authors Milne, Skinner and Baird share the results of their research survey regarding how midwifery students engage their learning journey through face-to-face teaching, videoconferencing and other on-line activities. These flexible modes of teaching in midwifery education can enhance the learning for midwifery students, especially those studying remotely. This is only possible through appropriate support and continuing training and education for both staff and students.

For practising midwives, birthing women and their families the decision of where to give birth can be challenging. In the second article authors Dixon, Prilezky, Guilliland, Miller and Anderson provide New Zealand data on place of birth and compare to the demographic and outcome data from the Birth Place England study. They found that a greater proportion of indigenous New Zealand women planned to birth at home or in a primary unit during the time period and that fewer women were transferred in labour in New Zealand. The results reinforce the evidence that women, who plan to birth at home or in a primary unit in New Zealand, do not significantly increase the adverse outcomes for their babies.

A different midwifery journey is explored in Austin, Smythe and Jull's article, which presents the current influences and expectations in relation to adverse events in New Zealand's maternity setting and the affect these have on midwives. Adverse events in midwifery are often related to unexpected outcomes and even when midwives are providing safe and competent care an adverse event can still occur. The authors provide an overview of the national and international literature and highlight the effects an adverse event may have on midwives. They indicate that current tools or support measures may be limited in their effectiveness.

The last article by authors Pan, Dixon, Paterson and Campbell present the results of a nationwide survey about New Zealand LMC midwives' approaches to discussing nutrition, activity and weight gain during pregnancy. This can be a challenge for all involved as we know that being overweight or obese during pregnancy increases the risk for the mother and her baby. Excessive weight gain during pregnancy can lead to increased retention of weight postpartum and the risk of becoming overweight or obese later in life. The results identify that although midwives in New Zealand effectively discuss nutrition activity and weight gain during pregnancy with women through contextualised care, changing established lifestyles requires a wider societal approach. Midwives cannot be everything to everyone.

So, haere mai, welcome, to this 50th issue of the New Zealand College of Midwives Journal. I hope you enjoy reading the articles and reflecting on the knowledge that has been shared and the challenges presented. Sharing, exploring and reflecting on practice are all part of our journey to providing effective midwifery care and often requires courage, determination, endurance and commitment.

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