The terms 'sustainable' and 'sustainability' have become catch phrases these days. We hear about sustainability in so many spheres. Sustainable environments, sustainable transport, sustainable cultures, sustainable economic policies... the list goes on. There are questions as to whether the human species will be able to be sustained on so many levels. These questions apply both globally in terms of environmental devastation, climate change and overconsumption, and locally, in terms of sustainable culture, business, work and social structures.

When I searched for a definition of sustainability, I found that the word is derived from the Latin sustineere (tenere, to hold; sus, up), and Dictionary.reference.com defines sustainability as: "the ability to be sustained, supported, upheld, or confirmed". According to the New Zealand Ministry for the Environment sustainability is about meeting the needs of today, without adversely impacting on the needs of tomorrow. While we often think of sustainability in ecological terms, in more general terms, sustainability refers to the endurance of systems, processes and practices and whether they will be preserved, both in the present and in the future. If we do not pay attention to sustainability then the risk is that our systems, processes and practices, whether they be environmental, social or professional, will not stand the test of time.

In terms of the New Zealand model of midwifery, it is important to explore sustainable practice so that individual midwives and the profession as a whole can be maintained and supported and therefore endure in the future.

This issue of the NZCOM journal contains five articles, two of which explore very timely practice issues. Alison Andrews and colleagues have analysed MMPO data to explore trends in smoking prevalence for women in NZ. The findings suggest that cessation messages and support need to be targeted especially to young women, multi-parous women and women of Māori ethnicity. A very pleasing reduction in rates of smoking has been identified. Chloe Goodson and Ruth Martis' article about the use of Pethidine for pain relief in labour is very relevant given the move to the use of alternative opiates in New Zealand.

The other three articles in this issue are written by midwives who have explored different aspects of what sustains midwifery practice. One of the key themes which runs through these articles is that it is relationships - relationship with women and relationship with colleagues - which sustains. While midwives are inspired and sustained by partnership and reciprocal relationships, these three articles discuss the need to negotiate boundaries and ensure that midwives' professional and personal lives are integrated and balanced.

Heather Donald and colleagues explore midwives' experiences of creating a better work life balance, and their findings include the suggestion that empowered relationships with women will be more conducive to work-life balance than a close protective relationship. The finding of Judith McAra Couper and colleagues' study of what sustains Lead Maternity Carer (LMC) midwives in practice long term, is that it is having a passion for being with women and families and supporting them through their childbirth experiences. For the LMC midwives in this research partnership and reciprocity are what sustain their joy in midwifery practice.

Debbie MacGregor and Liz Smythe have written about what happens when the midwifery/woman partnership breaks down. The authors analyse a case study of a situation when a midwife-woman partnership broke down. Implications for practice arise from the analysis and principles distilled, which may provide an appropriate and professional process for midwives on the rare occasion they need to end the partnership.

There is so much for us to learn about how to sustain ourselves personally and professionally, and I am sure there will be something for everyone to reflect on from the research and scholarship clearly evident within the New Zealand midwifery profession.