NEW ZEALAND COLLEGE OF MIDWIVES (INC)

Media Kit

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NEW ZEALAND COLLEGE OF MIDWIVES (INC)

The New Zealand College of Midwives

The New Zealand College of Midwives (the College) is the professional organisation and recognised 'voice' for midwives and student midwives in New Zealand. (www.midwife.org.nz).

The College represents more than 90% of all practising midwives and works in partnership with maternity consumer groups such as Plunket, Parents Centre New Zealand, the Home Birth Association and La Leche League to ensure high quality maternity services in New Zealand.

The College sets and actively promotes high standards for midwifery practice and assists midwives to meet these standards through involvement in midwifery education and the Midwifery Standards Review process.

The College, in consultation with its membership, has developed the Philosophy, Code of Ethics, Standards of Practice and Consensus Statements that guide the professional activities of midwifery practitioners. The College also provides Resolution Committees for consumers who have a concern about their midwife's practice.

The College provides all new graduates with a mentored intern year called the Midwifery First Year of Practice (MFYP) Programme.

The College works in partnership with associated professional groups such as the College of Obstetricians and Gynaecologists, the NZ Society of Anaesthetists, the Royal College of GPs, and the Paediatric Society. It works with district health boards and all other agencies with an interest in maternity services, in order to implement Government strategies that will further improve maternity and midwifery services for New Zealand women and their babies.

The College represents midwifery and women's health interests to government, health organisations, consumer groups and the general public. The College also plays an active role in midwifery worldwide through its work with the International Confederation of Midwives.

The New Zealand College of Midwives is the only **professional membership body** specifically for NZ registered midwives. The **regulatory body** is the Midwifery Council www.midwiferycouncil.health.nz and is responsible for the protection of the health and safety of women and babies during the childbirth process by providing mechanisms to ensure that midwives are competent and fit to practise midwifery. The HPCAA (The Health Practitioners Competence Assurance Act) provides this regulatory framework.

The College promotes midwifery standards of practice and ongoing education courses for midwives once they are registered. It represents and advocates for midwifery and women's health interests to government, health organisations, consumer groups and the general public.

The College in the regions:

The College has 10 geographic regions and five sub-regions in the smaller provincial centres. The regions function autonomously and have their own constitutions which align to the national NZCOM constitution.

Each region has its own elected office bearers, i.e. Chairperson, Secretary, Treasurer, Standards Review Panels, Standards Review Co-ordinators, Resolution Committee members, Education Committee representatives and so on.

Each of the regional chairpersons is part of the National Committee (the governance body of the College) which meets three times a year.

The chairpersons therefore have a key role in raising regional midwifery related issues at a national level and ensuring that issues of national interest to midwifery are brought to the regions for comment and feedback.

The map below outlines the geographic area of the College regions:

Maternity in New Zealand – a snapshot

New Zealand's midwifery-led maternity service is the envy of many countries and the College is regularly invited to present on the model of care to health ministries and governments around the world.

The Health and Disability Commissioner, Antony Hill stated publicly in 2017*: "New Zealand has been improving significantly over time…and we compare well with international comparators also…which indicates that there's an independent view that says the midwifery model in New Zealand is a safe and sound model and is working well and the stats very much support that,"*
http://www.radionz.co.nz/news/national/336824/midwifery-investigation-numbers-n-surprise

New Zealand women have access to a free maternity service that provides them with consistent care from one main practitioner, their Lead Maternity Carer (LMC) who is self employed and based in the community,as opposed to the hospital where midwives are called 'core' midwives and are employed by the district health board (DHB). LMCs can be midwives, general practitioners or obstetricians. Most women have a midwife LMC .

The midwife cares for a woman during labour and birth and if this is in a hospital or birthing unit she will be assisted by core midwives. If the woman births at home, the midwife will be assisted by a colleague, usually from her own practice.

Maternity care in New Zealand is a community based primary health service. The community-based LMC midwifery service is integrated with the secondary hospital service and women have easy and free access to obstetricians and other specialists if problems arise. Maternity care is also integrated with the tertiary service so women and/or babies with severe complications can access one of New Zealand's five tertiary level hospitals if required. Midwives working in secondary or tertiary hospitals are highly skilled in providing care for women with complex needs.

LMCs are currently paid through 'Section 88' which is the mechanism in the New Zealand Public Health and Disability Act 2000 that deals with payment for the primary maternity service. There is a set of minimum specifications for the maternity services provided by LMCs. http://www.health.govt.nz/our-work/life-stages/maternity-services/primary-maternity-services-notice-section-88

Note that at the time of writing this system of remuneration for community-based midwives is under review (May 2018). The New Zealand College of Midwives together with representatives from the Ministry of Health have proposed a new funding model, intended to ensure sustainable rates of pay for community midwives and pay equity with comparable male-oriented workforces.

The New Zealand midwife

- Is a highly educated health professional with strong and effective accountability frameworks supporting practice.
- Has a Bachelor of Midwifery degree requiring 4,800 hours of study, the equivalent of four academic years, or the equivalent in other recognised qualifications and experience. She is highly experienced and a maternity specialist; the average time in the midwifery workforce was 15 years but it is clear this is reducing
- Is aged 47.7 years on average
- May be working in the community, as part of a midwifery practice or be working in a maternity hospital or birthing unit
- Cares for women throughout pregnancy, labour and birth and until their babies are 6 weeks old
- Is paid by the Government so that care to women is free
- Is educated to know when a pregnancy is not progressing normally and will refer a woman to an appropriate medical specialist
- Works closely with doctors, other health professionals and community support agencies as part of the maternity team
- Holds an Annual Practising Certificate (APC) from the Midwifery Council, the regulator operating within the framework that governs 13 other health professions under Health Practitioners Competence Assurance Act
- Stays up-to-date with current practice through regular attendance at educational workshops
- Has her work formally reviewed every two to three years through the Midwifery Standards Review process administered by the New Zealand College of Midwives

Reference: Workforce statistics from the Midwifery Council 2016 Midwifery Workforce Survey

Additional

The number of women giving birth annually has always fluctuated and over the last 18 years the figure has been as high as 64, 343 in 2008 to a low 54,021 in 2002 There were 59,610 live births in 2017 (Stats NZ)

93.6% of women registered with a midwife as their LMC in 2015 – this figure has increased steadily each year since 2008 (from 89.7%), according to the Ministry of Health's latest *Report on Maternity* (2015 is the most recent year reported on)

70% of women registered within the first trimester, an increase of nearly 20% since 2008 (*Report on Maternity 2015*).

The perinatal related mortality rate was 9.7 per 1000 births in 2015, according to the most recent Perinatal and Maternal Mortality Review Committee's annual report, published in 2017. The mortality rate was the lowest since the PMMRC began collecting data in 2007. The stillbirth rate fell from 5.7 births per 1000 in 2007 to 5.1 per 1000 in 2015.

Midwives report that their workloads are increasing partly because they are providing more health promotion and health screening and partly because they are caring for more women with complex needs, often related to weight. The *Report on Maternity* states that the proportion of women in the obese Body Mass Index category had increased from 21.4% in 2008 to 25.6% in 2015.

In 2015 the average taxable income of a midwife working as a Lead Maternity Carer (LMC) providing care for 41 women and on call 24 hours a day was $58,239 after expenses.

About 40-50% of an LMC's gross income from Section 88 goes to paying for others to provide her with back up, sick and on call relief and other expenses which include clinical equipment, indemnity insurance, vehicle and travel, professional education and accountability fees, electronic equipment, documentation and other business costs.

The College and the Midwifery and Maternity Provider Organisation (MMPO) work in partnership to provide a locum and mentoring service for all rural midwives that supports a sustainable rural maternity service and retains midwives in these areas.

The College and MMPO introduced an emergency urban locum service in 2018 to provide cover for midwives needing to take time off at short notice, in case of sudden illness or bereavement for example. https://www.mmpo.org.nz/

The Midwifery Employee Representation and Advisory (MERAS) was established as a dedicated and focused union for employed midwives with support from the NZ College of Midwives. A national District Health Board (DHB) midwifery collective employment agreement for employed (core) midwives has been negotiated and is now in operation for MERAS members at the 20 DHB's.

https://www.midwife.org.nz/meras

What does this mean?

Lead Maternity Carer (LMC)
This is a midwife or other maternity health professional, such as GP or obstetrician. However around 93.6% of LMCs are midwives. As a midwife, she is self-employed, based in the community and paid by the Ministry of Health. An LMC usually works in partnership with another midwife or a small team of midwives and manages her own caseload of women. She is responsible for a woman's care from early pregnancy and up to six weeks after a baby is born.

Core midwife
This is a midwife who is part of a team of midwives, employed by the DHB. She works rostered shifts in a maternity facility and works alongside LMC midwives and obstetricians to assist them in providing care for women who usually have a more complicated pregnancy and/or labour.

Primary care / Primary unit
Sometimes called a birthing unit, these facilities do not have the staff or medical equipment to undertake surgery or apply anaesthesia related to a birth – for example caesarean sections and epidurals. These units are where well-women who have experienced a pregnancy without complications have their babies.

Secondary care / Secondary unit
A hospital providing secondary care has the facilities to undertake caesarean sections and other pregnancy related surgery or anaesthesia such as epidurals.

Tertiary facilities / Tertiary care
There are five tertiary maternity facilities in New Zealand. They provide all the care found in a secondary unit with the addition of having a tertiary neonatal intensive care unit.

Continuity of care
This describes the consistency of the close relationship between an LMC midwife and a pregnant woman, where the same LMC (and her back up) midwife sees a woman throughout her pregnancy, labour and birth and post natally (for up to six weeks). This is an important part of the NZ maternity system and one that many women who experience both the NZ maternity system and an overseas maternity system hold up as being key to the positive outcomes and experiences delivered by the NZ system.

Post partum / Post natal
The timeframe beginning immediately after the birth of a child and extending for about six weeks.

Ante natal
The period during a woman's pregnancy, up to the birth of her baby.