

12 October 2018

## **New Zealand Health Research Strategy: A discussion paper on setting New Zealand's first health research priorities**

Feedback from: New Zealand College of Midwives  
PO Box 21 106  
Christchurch 8143  
Tel (03) 377 2732

---

The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

---

12 October 2018

Patricia Anderson  
(Chief Advisor, Policy and Strategy, HRC)  
panderson@hrc.govt.nz

### **New Zealand Health Research Strategy: A discussion paper on setting New Zealand's first health research priorities**

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback again on the New Zealand Health Research Strategy. We consider research and evidence pivotal to the provision of effective, relevant and appropriate health services and embrace a culture of evidence-based care and the generation of the research necessary to support this.

Midwives are present at every birth in New Zealand and provide maternity care for the vast majority of women. As the main maternity workforce midwives have an important role in supporting the health and wellbeing of the New Zealand population. Their role includes screening and providing health messages to women and families and in addition they are one of the few health professionals that provide clinical care within the home. It is therefore important that maternity care provision has evidence of benefit that fits the New Zealand context of maternity care.

The College considers that New Zealand midwifery practice is strengthened through research projects undertaken by midwives, and we would like to see more research being led by midwives, funded through the Health Research Council and the National Health Research Strategy.

We have become concerned at the volume of research being undertaken within maternity which is driven by a biomedical focus and without involvement or consultation with the midwifery profession. We consider it important that any research into maternity care has full midwifery representation and consultation.

We have sufficient academic expertise within the profession to support midwifery research activities and consider it imperative that we have high quality research undertaken by midwives who understand the New Zealand context and system of maternity care. This will generate evidence which can be translated into clinical practice and support further improvements in maternity care, and women and children's health. The College therefore welcomes all opportunities to be involved in discussions related to research.

General feedback from the College is provided below and this includes answers to the questions posed in the discussion document. We have also commented on the five strategic investment areas outlined in the consultation document.

## 1. Strong foundations of health and wellbeing in children and youth

### **Rangatiratanga and Equity bridge all strategic investments**

- **Intervention before birth**
  - **The first 1000 days from conception**
  - **Healthy, happy, resilient children and young people**
  - **A life course approach to health and wellbeing**
- 1.1 The priority of health and wellbeing for children and youth starts before birth yet there is a lack of visibility of women within this and the other priority areas. Gender equity is as important in research as in the rest of society within New Zealand. It is concerning to see this invisibility of women which implies a lack of consideration and value of women, their reproductive health and transition to parenting. We consider the title: intervention before birth has a biomedical approach that compartmentalises and diminishes the woman's essential role in supporting the health and wellbeing of her child.
  - 1.2 We would prefer consideration of a title that more closely identifies the value of women and supports women's health – such as: Supporting women's reproductive health and wellbeing.
  - 1.3 It is important to identify the factors within society that lead to poorer health for women before they become pregnant but which have an impact during pregnancy – for example obesity, smoking and drug addiction. It is also important to consider women's health holistically, not just the physical but also the psychological, emotional, spiritual and cultural wellbeing.
  - 1.4 The propensity for research findings to be communicated in a way which 'blames the mother' for issues that affect her health has been an ongoing concern for the College. We consider it important that the language used and expectations within the research priorities respect the woman's role, her environment and the societal pressures that influence her.
  - 1.5 We also consider that any research that involves women also identifies the women's perspectives and experiences. Midwives work in partnership with women and consider it important that these partnerships are reflected within research. Many practices within maternity lack high quality evidence, yet when research is undertaken the woman's voice is frequently omitted and the effect on her and her experience of health care ignored.
  - 1.6 It is also important to ensure longer term follow up for all studies that relate to pregnancy, labour, birth and postpartum care. At present the majority of research is funded for short term outcomes, when we know that many interventions have the potential to influence longer term health outcomes for both the women and her child.
  - 1.7 We consider that important priorities are research activities that provide an improved understanding of normal pregnancy and normal labour and birth physiology and normal post-partum recovery and parenting transition. The majority of funded research in maternity has focused on pathology and intervention meaning that there is a surprising lack of knowledge and understanding of the woman's physiology during a normal pregnancy, labour and birth. There is also a lack of knowledge on the long term outcomes of intervention during labour and birth.

- 1.8 If we are to support and enhance women's health within maternity care, we need to understand the factors that support her physiology so that we can better identify pathology. We need to understand and identify the various factors that influence the woman holistically– these may be environmental, hormonal, emotional and/or, physical. Each can influence the other and there is frequently fluidity between them that can influence the woman's biological responses.
- 1.9 Another important addition for research projects within maternity is to determine the costs, resource implications and outcomes of any maternity practice changes, with improved understanding of the implications for short and long-term health of the mother and infant
- 1.10 We feel strongly that support for the involvement of midwives in midwifery and maternity research is essential to reach health research goals in these areas. Research evidence that leads to the promotion of wellness and investment in health and wellbeing early in life, and focusing on women, children, young people, families and whānau is necessary.
- 1.11 The College would like to see the New Zealand Health Strategy aligned with global concerns and directions. For example there is still unfinished work on the Millennium Development Goals that needs to be continued, alongside the post-MDG-2015 agenda which relates to sexual, reproductive, maternal and newborn health. We consider that investment in research focused on pregnancy, childbirth, post-birth and the early years will lead to improvements in the SDGs, population health, and social and economic wellbeing into the future.

## **2. Sustaining health and wellbeing throughout adulthood and ageing**

### **Rangatiratanga and Equity bridge all strategic investments**

- **Addressing the greatest burden of disease**
- **Stratified medicine**
- **Determinants of health**
- **Shifting treatment horizons**

- 2.1 We agree there is a need to focus on the determinants of health and review how these affect the health and wellbeing of the population. We consider that women are often more frequently affected due to their parenting role and consider that a focus on women's health should be maintained within this priority too.
- 2.2 There is a need for gender-neutral data and measurement tools when researching the effects of socioeconomic status and/or for the assessment of any health policy or new programme/strategy under consideration. The College would like to see more attention paid to gender-neutral research evidence that sits alongside new programme initiatives and preferably drives the introduction of new practices.
- 2.3 The College considers an important priority for research is the impact of public policies on maternal and infant health. Research is needed to understand both the intended and unintended consequences of government and local policies. Assessment and evaluation is particularly significant as some public policies may have a disproportionately negative impact on women. One example is the public health messages about alcohol use in pregnancy. Many young women feel stigmatised by the media coverage of some of these socially driven addictions, and midwives note these women are increasingly unable to confide in their midwives about what they drink or how much they smoke. Research on this topic from a midwifery focus has and will continue to generate useful data to identify a more

effective approach to supporting the health and wellbeing of women and their families.

- 2.4 The College would like to see increased attention paid to the determinants of health. In terms of the 'biological economy' we are seeing an increase in the burden of non-communicable diseases. It is critical to acknowledge the poor socioeconomic environments and circumstances that many New Zealand families are living in currently, which are major barriers to wellness, and leading factors in NCDs. The World Health Organisation approach incorporates the fetal origins hypothesis but recognises that environmental exposures, as well as socioeconomic conditions, may have adverse effects during critical periods of growth and development. This also includes the detrimental effects of climate change on health and wellbeing. The College would like to see these aspects included in any research conducted in women and children's health, in particular. Health promotion, even underpinned by good research, is unlikely to be effective where there are conditions of serious inequity, health disparities, hardship, poverty and the challenges of climate change.

### **3. Fostering the health and disability system New Zealand needs**

#### **Rangatiratanga and Equity bridge all strategic investments**

- **People-centred care**
- **Continuous cycle of improvement**
- **Knowledge translation and mobilisation**
- **Launching innovations**

- 3.1 The College agrees that people centred care and continuous improvement should be integrated throughout research studies. As stated earlier we consider it is important that the consumer voice is heard within research and also when knowledge is being 'translated' into practice.
- 3.2 We consider that as knowledge translation occurs there needs to be full consultation with the sector and careful consideration of the evidence. In maternity we have seen at least one study change practice globally with detrimental and often unexpected outcomes (term breech trial) as a result of this change.
- 3.3 Similarly, with launching innovations in health care full consideration needs to be given to long term outcomes and potential unexpected outcomes.
- 3.4 When considering people-centred care we would suggest there is also some consideration of ethics, participants' rights, welfare, privacy, safety, health, personal and social issues and sufficient detail about cultural sensitivities within any research project. In addition we would like to see reference to the principles of autonomy, beneficence, non-maleficence, and justice. Although the Treaty of Waitangi is noted within the proposed guiding principles what is missing is recognition of the need for a kaupapa Māori approach for any research involving Māori. We consider this should be clearly identified within the principles along with Tino Rangatiratanga.
- 3.5 There is also an absence of conflict of interest principles, which is of concern in a document that has many references to the commercial sector, manufacturing sector and the food industry, alongside obvious favouring of public-private partnerships.

#### 4. Innovating for health and wealth

##### **Rangatiratanga and Equity bridge all strategic investments**

- **Feeding the innovation pipeline**
- **Developing and applying innovations**
- **Innovating with data and methods**
- **Culture and ethics of innovation**

4.1 The College continues to have concerns about the involvement of the commercial sector within health research. Our concerns are related to unrecognised conflict of interest situations that are likely to remain unresolved, due to denigration of the issue and lack of acknowledgment of the very real dangers inherent with these proposed 'relationships.' Bes-Rastrollo et al (2016) examined whether financial industry funding or the disclosure of conflicts of interest influenced the results of published systematic reviews from the field of sugar sweetened beverages and obesity.<sup>1</sup> The conclusion was that systematic reviews with financial conflicts of interest were five times more likely to present a conclusion of no positive association between sugar-sweetened beverage consumption and obesity than those without financial conflicts. There are many more evidence based papers about the bias inherent in research where the commercial sector is involved. Conflict of interest situations should be either avoided or managed transparently.

#### 5. Meeting the challenges of our changing world

##### **Rangatiratanga and Equity bridge all strategic investments**

- **Responding to climate change**
- **Emerging and re-emerging disease**
- **Future-proofing New Zealand**
- **Advancing research in the Pacific**

5.1 All countries have been urged to work towards an end to all forms of poverty, to fight inequalities and to tackle climate change. The College considers that a sustainability focus should underpin research projects and there should be no engagement or funding from industry for research projects, particularly from industry that contributes in any way to environmental degradation.

5.2 The UN Sustainable Development goals, define sustainable development as 'development that meets the needs of the present without compromising the ability of future generations to meet their own needs.' Future research activity, including a research focus stream, needs to consider the intent of the SD goals and support work towards building an inclusive, sustainable and resilient future for all people and the planet.

5.3 Research in the New Zealand context should include issues such as the health consequences of poverty, economic and health inequity, poor housing, and limited access to nutritious food, and the impact of these social issues on pregnant women and their newborn infants. This would generate further data evidence about the costs of social issues on general population health, and identify ways that these can be mediated and improved.

---

<sup>1</sup> Bes-Rastrollo, M., Schulze, M. B., Ruiz-Canela, M., & Martinez-Gonzalez, M. A. (2013). Financial conflicts of interest and reporting bias regarding the association between sugar-sweetened beverages and weight gain. A systematic review of systematic reviews. PLOS Medicine. <http://dx.doi.org/10.1371/journal.pmed.1001578>

- 5.4 The College is very supportive of research on the effects of climate change on New Zealand and the Pacific, and supportive of research related to mitigation of climate change and its effects on the environment and health. Sustainability, climate change and environmental systems need to be taken into account if we are to see improvements in health, both short and longer-term.

The College has addressed the specific consultation questions below:

**Q1. Is the overall framework clear and easy to understand?**

The College agrees that the overall framework is easy to understand. We would like to see more details in the completed document and an ethical approach and practice framework.

**Q2. Overall the strategic investment area framework**

- **Reflects the principles of the Treaty of Waitangi** – the College agrees that the framework does address the principles of the Treaty, but feel that the importance of cultural identity to Māori health, well-being and cultural connectedness should be emphasised further. We feel confident that feedback from Māori will provide guidance on any changes that are necessary.
- **Identifies areas that will make the greatest difference to the health and wellbeing of all New Zealanders** - the College feels that the importance of cultural identity to Māori health, well-being and cultural connectedness should be emphasised further. We like the concept of rangatiratanga and equity bridging all the strategic investment areas but would recommend further information is added. We also feel that the area of women's health requires more detail.

**Conclusion**

The College welcomes the opportunity to make a submission on the New Zealand Health Research Strategy, because we consider that well designed, and unbiased, conflict of interest free research evidence is important to the health and wellbeing of women, infant and young child health and well-being, health economics, the environment, public health and New Zealand society in general. Therefore we anticipate that the recommendations made by the College within this submission will be taken into account, and we look forward to embracing opportunities for strategic research collaboration at a national level which can foster research that is more relevant to midwifery, maternity care, mothers, infants and families.

Yours sincerely



Carol Bartle  
**Policy Analyst**