



New Zealand
College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

5th September 2018

Sharing Information Safely

FEEDBACK FROM

New Zealand College of Midwives

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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are over 3,000 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 mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. 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.



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Ministry of Justice

By email: FVinformationsharing@justice.govt.nz

Re: New Zealand College of Midwives feedback: Sharing Information Safely draft document

Thank you for the opportunity to comment on the proposed document Sharing Information Safely. The detailed guidance provided in the document is useful for practitioners who are working with individuals who are experiencing family violence situations. It can be challenging and complex for midwives and other health care professionals to understand the intricacies of information sharing in these situations, so the guidance is welcome. We offer the following suggestions / comments in order to improve the clarity and usefulness of the document.

1. Health sector relevance

The vast majority of health care providers would not consider themselves to be a “social service practitioner” as they are defined by the Act. Making it clear up front in the document that it applies to all health practitioners would make it clearer that this document is relevant in a health care context. Although the document is clearly intended to offer guidance to health it is disappointing that the focus of the document is heavily geared towards social service providers working in the family violence sector. Although much of the document is generic, it could be improved by more overtly referencing the health care setting, particularly as routine enquiry about family violence for women accessing health care services, and increased vigilance for child well-being is being actively promoted within health care settings. Including a health care scenario as one of the examples in the document is an example of how the health care context could be more overtly acknowledged.

There is a disappointing lack of acknowledgement of the variety of health care practitioners who deal with these issues in the document. For example, on pages 12, 13 and 14 the only health care professionals who are referred to are GPs. This is not reflective of the health care sector, there are many nurses, midwives and other health care professionals who will be dealing with the issues set out in the document. The current wording (referencing only GPs) is a significant omission which needs to be corrected, particularly in any of the algorithms / checklists / definitions as these are likely to be

frequently used and referenced. One of the difficulties midwives experience working with agencies about family violence is the one way nature of the flow of pertinent information, so it is important they are identified as a health practitioner who may be communicated with. This is protective of the woman, possibly children, and the midwife.

2. The document's length

Although it offers a large amount of detail, and is broken up into various sections, the document is quite long and it is unlikely that it would be read in its entirety by most health care providers. Consideration should be given as to how the document could be consolidated or condensed to make it more useable. An executive summary, summarising and setting out the key points would be a useful addition.

3. Lack of understanding about which organisations the Act applies to

There is the potential for uncertainty of which agencies it is appropriate to share information with. Individual midwives / health practitioners may not be aware of whether the agency they're working with has government funding or not (Part 1, D, page 9; F, page 10) and therefore not be aware whether the information sharing provisions are relevant. Including some guidance for these situations would be a welcome addition.

4. Safety of workers who may be sharing information

Although the safety of those experiencing family violence is paramount, the safety of practitioners who are working with families also needs to be considered as a priority. This is particularly relevant for midwives who provide home visiting services. Our members have raised concerns about their own personal safety when they have been required to share information to keep families safe. Midwives can be easily identified, and in many smaller communities, perpetrators may also know where midwives live. The document could be improved by providing guidance about personal safety of workers in these sorts of situations, within the "Peoples safety comes first" section. There have been situations where the notifier has been identified as 'the midwife' and this has caused considerable distress and damaged the midwifery relationship as well as caused safety concerns. It would be helpful to more explicitly identify what the agency will do to ensure that the practitioner sharing information has their identity/role protected when personal safety concerns for practitioners exist

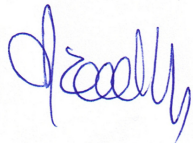
5. Statutory demands and privacy breaches

As a membership organisation, the New Zealand College of Midwives provides members with professional and legal advice in circumstances where there are statutory requests for information (such as care and protection cases) or when there has been a privacy breach. The vast majority of health professional member associations would have a similar function. The College strongly suggests that the document advises readers to seek advice from their professional association if there is a statutory

request for information or a privacy breach has occurred. This is to ensure that members are fully supported in these situations. As stated above, there may be personal safety concerns that arise from these situations, or the midwife or professional involved may be held to account in other professional or disciplinary forums, so it is essential that they receive timely professional and legal support and advice.

Thank you for the opportunity to comment on the draft document.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Alison Eddy', written in a cursive style.

Alison Eddy

Midwifery Advisor

New Zealand College of Midwives