

22ND August 2018

NHI Standard Update

FEEDBACK FROM

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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 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.

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Ministry of Health
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NHI Standard Update

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the NHI Standard Update. We understand that the following categories are open for discussion:

1. NHI Numbering extension
2. Biological Sex recorded at Birth
3. Gender Identity
4. Sexual Orientation
5. Ethnicity
6. Country Code
7. Language Code
8. Iwi Classification
9. Disability status
10. Residency status
11. Opt Out status indicator
12. Delegation rights - general
13. Delegation rights – Advance Care Planning
14. Cook Islands, Niue and Tokelau cross reference
15. Height and Weight
16. MedicAlert cross reference.

The College would like to comment on issues we feel are of relevance to midwives and midwifery, which are issues with NHI numbers and homebirth, height and weight, and the potential issue of NHI assignment for a fetus.

1.0: The College has noted in discussion with midwives who attend homebirths, that when the midwife allocates a NHI to a newborn homebirth baby this does not appear to be recorded in the local DHB

system. If these infants subsequently present at a health facility they appear to not have an NHI which presents some difficulties for the family. The College would welcome an investigation into this issue and resolution of the problem.

2.0: The College is aware that some agencies have requested that a fetus be assigned an NHI which seems to be largely for the purpose of recording laboratory results in health care records, for example fetal scalp lactate results, or for fetal medicine purposes. The College does not support this as it would be contrary to New Zealand law, where the fetus does not have a legal status until it is born and becomes a baby. The College strongly recommends that any laboratory results from, or information about, a fetus be recorded in a way that does not require an individual NHI number. We recommend that all information systems and policies relating to sexual and reproductive health services recognise the distinction between the unborn fetus and a born infant. This is an issue strongly grounded in reproductive rights and the human rights of women. Women's autonomy over reproduction requires the legal system and society to accept that the fetus is not legally recognised as a person. Extending NHI eligibility in this way would set an alarming precedent.

3.0: The College is interested in the proposal regarding height and weight and the NHI. In terms of informed consent, midwives would need to tell women clients that BMI recordings would become a permanent part of their health care record, and we wonder if there are any concerns regarding the feasibility and acceptability of this proposed change.

Thank you again for the opportunity to provide feedback.

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New Zealand College of Midwives