

19th July 2018

Submission on the Zero Carbon Bill

FEEDBACK FROM New Zealand College of Midwives

PO Box 21 206

Christchurch 8143

(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. 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 for the Environment

ZCB.Submissions@mfe.govt.nz

Zero Carbon Bill Submission

Introduction

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Zero Carbon Bill consultation. We appreciate the urgent issues emerging from climate change, and its effects on health and the environment, and feel that midwives can play an essential role in influencing and advocating for social change in relation to sustainability and healthy environments.

We are gravely concerned about the increasing number of extreme weather events and disasters, and the associated regular threats to health and wellbeing, safe drinking water and nutritious sustainable food sources. The number of natural and human induced disasters are increasing and affecting the lives of millions of people.

Pregnant women, infants and young children are among the most vulnerable of populations, and women already suffer from gender inequity, poverty and marginalisation in many environments. Research evidence indicates that climate change effects will negatively impact on maternal and infant morbidity and mortality. Rylander et al (2013) consider climate change one of the biggest threats to achieving global targets for maternal health.¹

As stated in the International Confederation of Midwives (ICM) position statement on climate change:

¹ Rylander, C., Odland, J. O., & Sandanger, T. M. (2013). Climate change and the potential effects on maternal and pregnancy outcomes: an assessment of the most vulnerable – the mother, fetus, and newborn child. *Global Health Action*, 6(1): 19538, DOI: 10.3402/gha.v6i0.19538

*“Many of the potential effects of climate change could have serious consequences for women, babies and families as well as for midwives themselves. It is therefore important for the midwifery profession to recognise the significance of the threat of climate change and to find ways of contributing to the management of local and global environmental issues relating to climate change.”*²

The College called for urgent action for the ICM position statement on climate change, and also developed a College consensus statement on infant feeding in emergencies and disasters in 2012. This statement,³ and the ICM position statement on the role of the midwife in disaster and emergency preparedness,⁴ recognises the negative impact of complex humanitarian emergencies on women and children, and the primary role that midwives can play in risk reduction, preparedness and response. As an example of numbers of affected women and infants in just one disaster event, Callaghan and Rasmussen et al. estimated that Hurricane Katrina affected 56,100 pregnant women and 74,900 infants.⁵

Whilst preparedness and response to disasters is essential, the College is also committed to urgent action on climate change, and we support Ora Taiao, the New Zealand Climate and Health Council’s aim, which is to urgently work on mitigation of climate change as a primary focus.

With urgent work on mitigation in mind the College has outlined what we consider key points for consideration below, prior to answering the Zero Carbon Bill submission questions.

1.0 The College supports the inclusion of environmental issues, climate change, environmentally sustainable practice, and disaster preparedness in undergraduate midwifery and other health professional education and training, and as part of ongoing postgraduate health education.

² International Confederation of Midwives. (2014). *Impact of climate change: position statement*. Adopted at the Prague Council Meeting 2014.

³ New Zealand College of Midwives. (2012). *Consensus statement: Infant feeding in emergencies and disasters*.

⁴ International Confederation of Midwives. (2014). *Role of the midwife in disaster/emergency preparedness*. Adopted at the Prague Council Meeting 2014.

⁵ Callaghan, W. M., Rasmussen, S. A., Jamieson, D. J., Ventura, S. J., Farr, S. L., Sutton, P. D., Mathews, T. J., Hamilton, B. E., Shealy, K. R., Brantley, D., & Posner, S. F. (2007) Concerns of women and infants during natural disasters such as Katrina: The population at risk. *Maternal and Child Health Journal*, 11, 4: 307-311.

- 2.0 The College supports gender empowerment and gender equity and the rights of all women of child-bearing age to access free accessible midwifery care, free contraception services, and free abortion services as necessary.
- 3.0 As a key health service maternity has a low carbon footprint, particularly when pregnancy and birth are viewed as normal life events, situated within a social and midwifery model, rather than a medical model. There is less reliance on expensive health care resources within a midwifery model of care. Tracey found that home birth, or even birth in a midwifery led primary maternity unit, costs considerably less than birth in a hospital setting.⁶ This has a positive impact on the healthcare footprint.
- 4.0 Global warming contributes to rising rates of climate disaster (McGuire)⁷, threatens population health, and contributes to poverty, food insecurity, income inequality, and pollution.
- 5.0 The effects of extreme weather events and natural disasters are far reaching and costly in terms of loss of life, health costs, disability, loss of housing and shelter, food insecurity, water loss and contamination, loss of electricity and communication systems, breakdowns in essential services, including health services, and loss of infrastructure. Sustainable healthcare has been defined as the long-term maintenance of health and wellbeing of the human population,⁸ and the impact of natural disasters has both short and long-term effects on health and wellbeing.
- 6.0 There are some close to home examples of the effects of natural disasters from the Christchurch earthquakes experiences. Some of the trauma effects on pregnant women, mothers, babies and children are still emerging. Midwives can work to mitigate these effects through a continuity of care relational, social model.
- 7.0 Climate change has been described as a threat to a bottom line of sustainable development – human health (Neira, 2014).⁹ The negative impact on the planet of industrial dairying and the increasing amount of highly processed milk powder is not always included, or even considered, in

⁶ Tracy, S. (2011). *Costing birth as commodity or sustainable public good*. In Sustainability, Midwifery and Birth, edited by Lorna Davies, Rea Daellenbach, and Mary Kensington, 32–44, London: Routledge.

⁷ Maguire, B. (2013). *Waking the Giant: How a changing climate triggers earthquakes, tsunamis, and volcanoes*. Oxford, Oxford University Press.

⁸ Davies, L. D. (2017). *Midwifery: A model of sustainable healthcare practice?* A thesis submitted in partial fulfilment of the requirements for the Degree of Doctor of Philosophy in Education. University of Canterbury.

⁹ Neira, M. (2014). The 2014 WHO conference on health and climate. *Bulletin World Health Organisation*, 4(92):546.

analyses of climate change risk. The continued decline of breastfeeding in the Asia Pacific region is of major concern.

- 8.0 The Intergovernmental Panel on Climate Change (IPCC) draws attention to climate change impact in terms of increasing difficulties of poverty reduction work, and a further erosion of food security.¹⁰ This makes the protection, promotion and support for breastfeeding women ever more urgent. Work to support food sovereignty is essential. As described by the World Development Movement, this will “*put the individuals who produce, distribute, and consume food at the centre of decisions on food systems and policies, rather than the corporations and market institutions that currently dominate the global food system.*”¹¹ Protected and supported breastfeeding meets the four pillars of food security which are described as “*availability, access, utilisation and stability.*”¹²
- 9.0 It has been suggested that the expansion of the dairy industry is not only unsustainable but that the externalities resulting from the industrial dairy model results in more environmental cost than profit (Foote & Joy, 2014).¹³
- 10.0 Dr Judith Galtry (2013) describes the New Zealand dairy industry as a huge success – if it is viewed only via a narrow economic measure. A more in-depth gaze at the industry using a broad wellbeing lens suggests that there are major challenges, including little attention to best practice infant feeding globally. Galtry calls for the health and medical community to pay more attention to the potential and actual impact of dairy industry practices and regulations on infant and child wellbeing.¹⁴
- 11.0 Galtry (2013a) highlights the “*surprising silence about the implications of expanding formula exports for breastfeeding practices in the Asia Pacific region.*”¹⁵ New Zealand is the second largest offshore provider of infant formula for the Chinese market, and Galtry describes how New Zealand

¹⁰ Intergovernmental Panel on Climate Change. (2014). Summary for policymakers. In: *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change.* (Field, C.B., Barros, V. R., Dokken, D. J., et al) Cambridge, Cambridge University Press.

¹¹ World Development Movement. (2012). *Food sovereignty: Tricky questions briefing.* London, WDM.

¹² Armstrong, J. (2012). *Food security and the right to adequate food.* EC-FAO Project. <https://www.slideshare.net/LIWG-Laos/presentation-jannie-armstrong-fao-1-june-2012-food-security>

¹³ Foote, K., & Joy, M. (2014). *The true cost of milk: Environmental deterioration Vs. profit in the New Zealand dairy industry.* Paper presented at the 2014 NZARES Conference, Tahuna Conference Centre, Nelson, New Zealand. August 28-29, 2014. http://ageconsearch.umn.edu/bitstream/187496/2/FooteJoy_2014.pdf

¹⁴ Galtry, J. A. (2013). Improving the New Zealand dairy industry's contribution to local and global wellbeing: the case of infant formula. *The New Zealand Medical Journal*, 126(1386):82-89.

¹⁵ Galtry, J. A. (2013a). Punching above its weight: Does New Zealand's responsibility for protecting, promoting and supporting breastfeeding extend beyond its own borders? *Journal of Human Lactation*, 29(2):128-131.

is benefitting from China's *"infant formulization"* and how there is international disquiet over falling breastfeeding rates in East Asia and China, and the marketing and lobbying tactics of industry. Galtry raises the question as to *"whether New Zealand's public health obligations for protecting, promoting and supporting breastfeeding end at its own borders, especially where these obligations coincide with major trade imperatives."*

12.0 Dr Julie Smith, in the introduction to the International Baby Food Action Network (IBFAN) and the Breastfeeding Promotion Network of India (BPNI) report on the carbon footprint of milk formula in six countries of South Asia and East Asia and the Pacific region, describes how *"the most vulnerable to food insecurity, ill health and disease arising from climate change are also those exposed to formula and bottle-feeding."*¹⁶

13.0 The Carbon Footprint of Milk Formula report calculates the contribution of each ingredient in the composition of milk formula, the greenhouse gas (GHG) emissions due to individual ingredients, the average GHG emissions due to the different categories of milk formula, the computation of GHG emission associated with milk formula sales for each individual country, compares GHG emissions due to milk formula in study countries with other contributors to GHG emissions, and provides case reports on the status of infant and young child policies and programmes in the study countries.

14.0 Dr Julie Smith, in the carbon footprint report, reveals what she describes as the *"deep paralysis of governments who should be taking effective action to protect, promote and support breastfeeding as part of optimal infant and young child feeding"*, as well as the emergence of milk formula as an important source of GHG emissions.

15.0 The College notes that some countries are less than supportive of policies and initiatives that support women who wish to breastfeed. The most recent example of the direct blocking of attempts to protect breastfeeding was seen at the World Health Assembly (WHA) in May this year when observers reported US opposition to a WHA breastfeeding resolution.¹⁷ Not only was the resolution blocked but the country proposing the resolution, Ecuador, was threatened with punishing trade measures and the withdrawal of military aid.

¹⁶ Dadhich, J. P., Smith, J., Iellamo, A., & Suleiman, A. (2015). *Report on carbon footprint due to milk formula: A study from selected countries of the Asia-Pacific region*. BPNI / IBFAN Asia.

¹⁷ <https://thousanddays.org/statement-from-lucy-sullivan-on-the-us-opposition-to-the-world-health-assembly-breastfeeding-resolution>

16.0 As described by Dr Alison Stuebe, the American officials wanted language that called on governments to protect, promote and support breast-feeding, and a section related to the International Code of Marketing of Breast-milk Substitutes, removed. Stuebe reports that all but one reference to the International Code was removed from the final resolution.¹⁸

17.0 Although it has been reported that some industrial dairy corporates have made commitments to reducing their emissions footprint, and this is of course to be admired, unfortunately the issue is much greater than changing the existing technology in the dairy industry. How the world's infants and young children are fed is of great significance to our collective future, and the numbers of cows, the sheer volume of milk formula powder, and the lack of protection of breastfeeding, are the real issues which need to be both acknowledged and addressed. This is not about formula not having a place in infant feeding, as the College and midwives respect and support all women's infant feeding decisions. We recognise there are times when substitutes for breastfeeding are necessary, and that some women do not wish to breastfeed, or do not receive the support they need to breastfeed, but the concern is about the rapid expansion of formula milks globally, inappropriate marketing, and inadequate policies and legislation to support women who wish to breastfeed.

18.0 Salmon points out that food security is not possible for many infants and young children without high rates of breastfeeding, and suggests that new approaches, including political attention and policy coordination, are necessary to handle the long-standing policy conflicts that surround infant and young child feeding.¹⁹ Smith, Galtry and Salmon note that protecting breastfeeding creates significant policy conflicts for developed countries in the Asia Pacific region.²⁰

19.0 Conflicts of interest issues in infant and young child feeding, between economics and food trading, and marketing and public health initiatives, require urgent attention as part of climate change mitigation, and further associated, generally unaccounted for, savings in health costs.²¹

¹⁸ World Health Organisation. (2018). Seventy-first World Health Assembly: Agenda Item 12.6. 26 May 2018. *Infant and young child feeding*. http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_ACONF4Rev1-en.pdf

¹⁹ Salmon, L. (2015). Food security and young children: an opportunity for breastfeeding policy? *International Breastfeeding Journal*, 10:7:DOI 10.1186/s13006-015-0029-6.

²⁰ Smith, J. P., Galtry, J. Salmon, L. (2014). Confronting the formula feeding epidemic in a new era of trade and investment liberalisation. *Journal of Australian Political Economy*, 73:132-171.

²¹ http://docs.wixstatic.com/ugd/b629ee_95b1495d485d47e280a5b74d64e70cf0.pdf

²¹ Smith, J., Salmon, L., Baker, P. (2016). World Breastfeeding Week: Conflicts of interest in infant and young child feeding. *PLOS Blogs* August 11. <http://blogs.plos.org/globalhealth/2016/08/world-breastfeeding-week-conflicts-of-interest-in-infant-and-young-child-feeding/>

- 20.0 The Marketing of Breast-Milk Substitutes implementation and status report 2018 calls on legislators and policy makers to recognise their obligations under both international human rights law and national code-related or other related laws, to promote and protect breastfeeding and to eliminate inappropriate marketing practices.²²
- 21.0 The College considers Bequele summarised the issues for the health and wellbeing of children well at the ISPCAN International Congress in 2010. *“Success has to do with whether or not children figure in the election manifestoes of politicians and their parties, whether or not they are at the heart of the budgeting process and are given a hearing, whether or not laws are based on the principle of the best interests of the child, ... and whether or not we are moving towards a polity and society that is child friendly. In other words, good governance, and this means: politics that put children first, laws that protect them and budgets that provide for them.”*²³ The International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions is part of a human rights framework which can protect vulnerable infants and young children.
- 22.0 In a human rights framework, provisions in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) support breastfeeding women through maternity protection measures such as paid maternity leave, gender equity, and services that support combining family responsibilities with working lives. Breastfeeding has a significant positive role in women’s health as well as infant and young child health.
- 23.0 Davies, Daellenbach and Kensington described how the core values of the New Zealand midwifery profession align with sustainability. *“Sustainability is about protecting the environment and achieving intra-generational and intergenerational equity and social justice. It would seem that the core values of the midwifery profession in New Zealand/Aotearoa fundamentally align with this philosophical stance. For example, Māori and other indigenous models of sustainability, viewed as sustainable models, are principally in accordance with these midwifery values. Therefore, theoretically at least, the sustainability movement could provide a framework for long held midwifery values that have been largely overlooked in contemporary healthcare practice.”*²⁴

²² World Health Organisation/UNICEF/IBFAN. (2018). *Marketing of breast-milk substitutes: National implementation of the International Code status report 2018*. Geneva, 2018.

²³ Bequele, A. (2010). *The Good and Child-Friendly Governments: Summary of a keynote speech*. The International Society for Prevention of Child Abuse and Neglect (ISPCAN) XV111th International Congress and Youth Empowerment Forum. Honolulu, Hawaii.

²⁴ Davies, L., Daellenbach, R., & Kensington, M. (2011). *Sustainability, Midwifery and Birth*. London, Routledge.

24.0 The Zero Carbon Bill and all action on climate change must honour Te Tiriti O Waitangi and consider the impact of climate change effects, and any policies to mitigate climate change on Māori. Meaningful partnerships and continued work towards health equity must take priority.

The College has provided answers to the set questions about the Zero Carbon Bill below.

2050 target

1. What process should the Government use to set a new emissions reduction target in legislation?

- The government should set the target in law now, as certainty and transparency are paramount. The ability to make the target stronger in response to the Commission's early advice is also necessary. The target needs to be based on the most recent robust evidence-based climate science, on New Zealand's international obligations, and principles of global equity.
- New Zealand is a signatory to the 2015 Paris Agreement, in which all countries committed to limiting average temperature rise to well below 2°C, and to pursue efforts to limit temperature increase to 1.5°C. The second draft of the IPCC Special Report on Global Warming of 1.5°C found substantial differences in the harmful effects of global warming limited to 1.5°C compared to 2°C above pre-industrial levels – where the 0.5°C warming difference is critical for vulnerable regions.
- Limiting global warming to 1.5°C sensibly will require global anthropogenic CO₂ emissions to reach net-zero by 2040, together with rapid reductions in other emissions, particularly methane. Within these limits efforts should be distributed across countries fairly.
- IPCC's Special Report on Global Warming of 1.5°C must also guide New Zealand's Zero Carbon Act.

2. If the Government sets a 2050 target now, which is the best target for New Zealand?

- The best target is net zero emissions across all greenhouse gases by 2040, or earlier if the IPCC's October 2018 report provides guidance that global emissions need to be reduced faster.
- Total net emissions in the atmosphere and oceans is the issue, and it is critical that we do not breach crucial ecological tipping points. Three of New Zealand's main greenhouse gases, carbon dioxide, nitrous oxide and methane, will continue to damage our climate, and oceans, for hundreds of years.

- The final version of the Zero Carbon Act must be decided in reference to the upcoming IPCC's Special 1.5°C report.
- Keeping within the safer global warming limit of 1.5°C, requires global anthropogenic CO₂ emissions to reach net-zero by 2040, together with rapid reductions in other emissions, particularly methane. Efforts across countries should be distributed fairly within these limits.

3. **How should New Zealand meet its targets?**

- Domestic net emissions reductions only (including from reforestation, horticultural planting and improved soil health).
- Reliance on volatile international emissions units will undermine decisive domestic investment in New Zealand.
- Relying on international tradeable emissions units means New Zealand will miss opportunities for wellbeing and the equity co-benefits of reducing our domestic emissions.
- Reforestation, horticultural planting and improving soils are part of meeting New Zealand's domestic net zero emissions target.
- Rapidly reducing New Zealand's greenhouse gas emissions must be the primary focus and this means all gases, across all sectors, including business and the health sector.

4. **Should the Zero Carbon Bill allow the 2050 target to be revised if circumstances change?**

- The target should only be altered to increase climate action ambition in response to updated scientific recommendations.
- All Acts in NZ can be changed through due process under exceptional circumstances.

Emissions budgets

5. **The Government proposes that three emissions budgets of five years each (ie, covering the next 15 years) be in place at any given time. Do you agree with this proposal?**

Yes

- This gives the certainty needed for action and investment now.
- Given the urgent need for global emissions to peak by 2020, the Act could also include the requirement for the Commission to urgently set an initial two-year emissions budget. This two-year budget would fit within the first five-six-year emissions budget.

6. **Should the Government be able to alter the last emissions budget (ie, furthest into the future)?**

- The last budget should be able to be reduced if necessary to respond to emerging international evidence. The Zero Carbon Act should also permit any Government to act so New Zealand can emit less than budgeted.
- However, emissions budgets cannot be increased, unless the Government changes the Act through the usual Parliamentary process.

7. **Should the Government have the ability to review and adjust the second emissions budget within a specific range under exceptional circumstances?**

- The second budget should be able to be reduced, if needed, to enable a response to emerging international evidence. The Zero Carbon Act should also permit any Government to act so that New Zealand can emit less than budgeted.
- If there are exceptional circumstances, the Government can change the Zero Carbon Act, to increase the emissions budget, through the usual Parliamentary process.

8. **Do you agree with the considerations we propose that the Government and the Climate Change Commission take into account when advising on and setting budgets?**

No

- The physics of climate change comes first for the setting of emissions budgets
- As the impacts of unmitigated climate change will be highly regressive on New Zealanders the priority must be robust emissions budgets.
 - Budget considerations should be limited to; Scientific knowledge about climate change, sea level rise and ocean acidification; Obligations under Te Tiriti o Waitangi; and global leadership, including international equity.
 - The Commission then advises the Government on mitigation policies (including Emissions Trading Scheme (ETS) settings) for the Government plans to keep New Zealand's future emissions within the Commission's budgets.

Government response

9. **Should the Zero Carbon Bill require Governments to set out plans within a certain timeframe to achieve the emissions budgets?**

Yes

- The Zero Carbon Act must require the Government to respond by publishing plans to stay within budget as rapidly as feasible, within a set time limit that is certainly less than twelve months.

10. What are the most important issues for the Government to consider in setting plans to meet budgets? For example, who do we need to work with, what else needs to be considered?

- The most important issues to consider are Te Tiriti o Waitangi obligations and equity within Aotearoa/New Zealand.
- Health equity is essential in planning and monitoring – all regressive policies (including ETS settings) must be effectively offset for vulnerable communities.
- Other considerations include sustainable economic opportunities and technology relevant to climate change, to grow a fairer, just, sustainable Aotearoa-NZ.
- Inequalities between Māori and other New Zealanders must be reduced.
- Direct and indirect health effects of climate change will have a greater impact on those already suffering from disadvantage and poorer health in New Zealand – children, elderly, low-income, Māori and Pacific populations, and people living with disabilities, acute or chronic illnesses. Pregnant women, new mothers, and infants and young children also represent potentially vulnerable populations.
- Climate action that prioritises health equity has significant potential to reduce existing health problems, and to support improvements in health, wellbeing and quality of life.
- Financial costs of climate change responses can be offset by the cost-savings of health co-benefits. For example, health benefits from zero-carbon public and active transport include increased physical activity, improved social connections and more equitable access to education and employment.

Climate Change Commission

11. The Government has proposed that the Climate Change Commission advises on and monitors New Zealand's progress towards its goals. Do you agree with these functions?

- Yes, but the Commission must set New Zealand's emissions budgets.
- The Commission can also advise how New Zealand stays within these budgets, how we can best adapt to climate change, and also monitor the progress on New Zealand's emissions reductions.

12. What role do you think the Climate Change Commission should have in relation to the New Zealand Emissions Trading Scheme (NZ ETS)?

- The Commission should advise the Government on ETS policy settings so that New Zealand emits within budget.

- The Commission must identify the extent of regressive impacts from proposed ETS settings and propose effective complementary policies which fairly compensate vulnerable households.

13. The Government has proposed that Climate Change Commissioners need to have a range of essential and desirable expertise. Do you agree with the proposed expertise?

- Yes, but health expertise amongst Commissioners and staffing is essential
- The Commission must be founded on partnership with tāngata whenua and meet obligations under Te Tiriti o Waitangi. A high priority should be given for expertise in Māori interests.
- A larger pool of Climate Commissioners is necessary so that Commissioners can be called in according to the focus area
- Conflict of interest issues and vested interests should not infiltrate the Commission. There have been many crucial policy processes influenced negatively, and derailed, by those with financial stakes in continuing to do harm, within New Zealand, and globally.

Adapting to the impacts of climate change

14. Do you think the Zero Carbon Bill should cover adapting to climate change?

- Yes - adaptation must be a separate advisory work stream, to avoid overtaking the Commission's top priority climate mitigation role.

15. The Government has proposed a number of new functions to help us adapt to climate change. Do you agree with the proposed functions?

Yes, the College supports the following adaptation provisions (which include the health sector).

Adaptation must also be dealt with by a separate working group, to avoid any distraction from the top priority of mitigation.

- a national climate change risk assessment
- a national climate adaptation plan
- regular review of progress towards implementing the national adaptation plan
- an adaptation reporting plan

16. Should we explore setting up a targeted adaptation reporting power that could see some organisations share information on their exposure to climate change risks?

- Yes, a targeted adaptation reporting power could start with voluntary reporting in the first year and require compulsory reporting in subsequent years.

Conclusion

The late Rebecca Tarbotton (2012) from Rainforest Action Network, highlighted the ‘real conversation’ when she stated that the work of our time is bigger than climate change; “*What we’re really talking about, if we’re honest with ourselves, is transforming everything about the way we live on this planet.*”²⁵

Part of this transformation is paying attention to the continued inequity involved in infant feeding decisions globally due to poor or non-existent maternity protection, inadequate maternity leave policies, gender discrimination and inequity, lack of support for breastfeeding, and the impact of poverty and food insecurity on decision making. The lack of regulatory or legal measures to enforce the International Code of Marketing of Breast-milk Substitutes is significant, as is the failure of the majority of governments’ monitoring systems and the lack of meaningful sanctions for violations.

Naomi Klein (2014) speaks of “*growing the caring economy and shrinking the careless one*” and uses a quote from Henry Red Cloud, a Lakota educator of young people.²⁶ Red Cloud tells students that there are times when we must accept small steps forward and other times when we need to run like a buffalo. Now feels like the time to run like a buffalo.

It is highly uplifting to see health organisations in New Zealand joining together to voice their urgent concerns about climate change and health, and we must hope, for the future of conception, pregnancy, birth, infancy, childhood, women’s health, the global health of all people, and the future of the planet, that these collective voices are heard as part of any movement towards climate change mitigation and a Zero Carbon Bill.

We would like to see the Zero Carbon Act contribute significantly to health benefits and health equity in New Zealand, alongside New Zealand supporting our Asia Pacific neighbours to achieve the same goals. The College plans to continue to support the work of Ora Taiao with the mitigation of climate change being a primary focus.

Yours sincerely

Carol Bartle

Policy Analyst: New Zealand College of Midwives

²⁵ Tarbotton, R. (2012). Rainforest Action Network Conference keynote address, October 2012. <http://www.ran.org/becky>

²⁶ Klein, N. (2014). *This Changes Everything: Capitalism vs. the Climate*. London & New York, Allen Lane.