

Media Kit

Updated September 2019

A snapshot.....

There are around 3,200 practising midwives in New Zealand, most providing maternity care to around 60,000 New Zealand women and their families each year and several hundred involved in other roles such as midwifery education and research.

Midwives working within the maternity service can choose to work as **employed** midwives in maternity facilities, or as **self-employed** community-based midwives working as Lead Maternity Carers (LMCs).

Approximately 1300 midwives work in the community as LMCs usually within small midwifery group practices of between four and six midwives.

Approximately 1500 midwives are employed in maternity facilities. They are called “core” or hospital midwives.

Most women choose a community-based, LMC midwife as their main maternity carer for pregnancy, labour, birth and for up to six weeks after the birth. LMC midwives accompany women under their care to hospital or birthing units to give birth, assisted by core midwives.

Women who remain well during pregnancy and do not have complications may choose to give birth at home. They will be attended by their LMC and a back-up midwife colleague.



Midwives work in a relationship-based, partnership model providing, on average, 21 midwifery consultations to a woman across the course of care.

Midwives play a key role in preparing families for parenting and promoting health and well-being, through their role in health education and preventative care.

This preventative work includes smoking cessation, healthy eating/nutrition, breastfeeding, mental health and wellbeing promotion, immunisation and more, as well as linking women and whānau with other support services as needed.

Midwifery-led maternity care in NZ is the best in the world for women and babies

International evidence confirms that midwifery-led continuity of care maternity models result in better outcomes for women and babies, particularly women who are socio-economically disadvantaged. These outcomes include:

- a reduction in pre-term (early) birth and ‘small for gestational age’ babies
- a reduction in the use of unnecessary interventions, in particular, caesarean sections
- improved breastfeeding rates, psychosocial outcomes and maternal satisfaction

- a cost effective and cost saving service^{1,2}

The New Zealand midwife

- Is a highly educated health professional with strong and effective accountability frameworks supporting practice
- Has a specialist Bachelor of Midwifery degree requiring 4,800 hours of study, the equivalent of four academic years
- 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 six 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

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

¹ McRae DN, Janssen PA, Vedam S, et al. Reduced prevalence of small-for gestational-age and preterm birth for women of low socioeconomic position: a population-based cohort study comparing antenatal midwifery and physician models of care. *BMJ Open* 2018;8:e022220. doi:10.1136/bmjopen-2018-022220

² Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2016.

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 College's national 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 Board (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:



Overview of the 20 DHBs' Maternity Services

The Ministry of Health is responsible for setting the standards for maternity services in New Zealand. It has in place specifications for the District Health Boards about the range of services and facilities each must provide. Through the section 88 Maternity Services Notice, it also sets out the requirements for all LMCs.

DHB funded maternity services include primary, secondary and tertiary maternity care for pregnant women and their babies until six weeks after the birth. These services support the continuity of care provided by LMC midwives. DHBs generally provide maternity services which are delivered at outpatient and inpatient settings at a range of facilities.

Maternity Facility Type	Midwifery support	Description
Tertiary	DHB employed midwives and LMC midwives	Tertiary maternity facilities are designed for women with complex maternity needs which require specialist multidisciplinary care. Well women may use these facilities in the absence of other maternity facilities in their area.
Secondary	DHB employed midwives and LMC midwives	Secondary maternity facilities are designed for women and babies who experience complications and may require care from an obstetrician, anaesthetist, paediatrician as well as a midwife. Well women may use these facilities in the absence of other maternity facilities in their area.
Primary	DHB employed midwives and LMC midwives	Primary maternity facilities are designed for well women who have no complications during pregnancy.

Note: LMC midwives accompany the women they are caring for to maternity facilities and are their main carers during labour and birth, supported by DHB employed 'core' midwives

Midwifery Scope of Practice

The Midwifery Council, (the regulatory body, as opposed to the College which is the professional membership body), specifies the Midwifery Scope of Practice, which is the legal definition of midwifery in New Zealand, as follows:

A midwife works in partnership with women on her own professional responsibility, to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks, to facilitate births and to provide care for the new-born.

A midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical

assistance and implements emergency measures as necessary. When women require referral, a midwife provides midwifery care in collaboration with other health professionals.

A midwife has an important role in health and wellness promotion and education for the woman, her family and the community. Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well-being.

A midwife may practise in any setting, including the home, the community, hospitals or in any other maternity service. In all settings a midwife remains responsible and accountable for the care she provides.

Registration in New Zealand

Midwives must be registered with and hold a practising certificate issued by the Midwifery Council. The Midwifery Scope of Practice provides the broad boundaries of midwifery practice, and the Competencies for Entry to the Register provide details of the skills, knowledge and attitudes expected of a midwife to work within the Midwifery Scope of Practice.

The Midwifery Council assesses all applicants for registration to ensure that they satisfy the following requirements: fitness for registration, qualifications and competence to practise within the Midwifery Scope of Practice.

The Council does not accept applications from internationally qualified new graduate midwives (except those registering under the Trans-Tasman Mutual Recognition Act 1997), or from midwives whose skills are not current. All applicants must show at least two years midwifery practice experience in the five years preceding the application.

There is no connection between registration for midwives and registration for nurses or any other health profession in New Zealand.

1. Registration requirements for New Zealand midwifery graduates

- a) Completion of an approved Bachelor degree in Midwifery (minimum of 4800 hours four year degree provided over three extended academic years) provided by an accredited educational provider in New Zealand; and
- b) Demonstration of the Competencies for Entry to the Register of Midwives; and
- c) Fitness for Registration - Applicants must be of good character and must not have any mental or physical condition that adversely affects their ability to practise as a midwife. Applicants must be able to communicate effectively and in written and spoken English; and
- d) Have passed the National Midwifery Examination set by the Midwifery Council.

2. Registration Requirements for Registered midwives applying from all other countries

- a) Registration outside of New Zealand - The Midwifery Council of New Zealand will only consider applications from internationally qualified midwives who are or were registered with a registration authority that performs a similar function to the Council and in the same country in which they completed their midwifery education; and
- b) Qualifications and competence - Applicants' midwifery qualifications, post registration midwifery practice (must be a minimum of two years post registration midwifery practice across the scope, within the immediate five years preceding application), post registration midwifery education, midwifery competence portfolio, and self-assessment against the New Zealand Competencies for Entry to the Register, when considered as a whole, must be deemed by the Council to be equivalent in content and competencies to the most recent New Zealand requirements for registration.

c) Fitness for Registration - Applicants must be of good character and must not have any mental or physical condition that adversely affects their ability to practise as a midwife. Applicants must be able to communicate effectively and in written and spoken English; and

a) **Additionally**, the Midwifery Council may require an applicant to:

1. Attain a pass in an examination set by the Midwifery Council; and/or
2. Attain a pass in a clinical assessment specified by the Midwifery Council.

Annual Practising Certificates (APC)

Registered midwives are legally required to hold a practising certificate issued by the Midwifery Council before they can practise. The Health Practitioners Competence Assurance Act requires the Midwifery Council to satisfy itself that midwives are competent and fit to practise before issuing a practising certificate. Practising certificates expire on 31 March each year.

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Social media:

Hashtag	#midwivesmatter
The College website	www.midwife.org.nz
Facebook	@nzcom
Twitter	NZCOM2019