

## **Position Statement: Covid 19 vaccination for midwives**

The New Zealand College of Midwives / Te Kāreti o Nga Kaiwhakawhanau ki Aotearoa (the College) recognises that Aotearoa is experiencing uncertain times and wishes to acknowledge and thank the midwifery profession for their continued care of wāhine, pēpi and whānau.

The College recognises the national vaccination programme as the most important line of defence against the COVID-19 pandemic. Continued infection prevention and control measures, including PPE, are also important, but these measures alone (in the absence of vaccination) will be significantly less effective at minimising transmission of the virus.

On Monday 11<sup>th</sup> October, the government announced it would be mandating vaccination for all health workers including midwives. The government has said that this decision was made in the best interests of the health and wellbeing of all New Zealanders.

The Code of Health and Disability Services Consumers Rights [1] legally protects the right to informed consent for all health care consumers in relation to health care treatments. Therefore the decision to accept the Covid-19 vaccination is a personal choice. With the government mandate, this choice remains available; however the right to continue providing a health care service is contingent on choosing to be vaccinated.

From a professional and ethical perspective, and in line with the Human Rights Commission [2], the College advises midwives to consider our collective responsibility to the community as health professionals, by ensuring we minimise the risk of transmitting the virus in the course of our work. Vaccination is the best form of protection for ourselves, our whānau/families, our colleagues and importantly, the women and people we provide care to. The College therefore encourages midwives to choose to be vaccinated against Covid-19.

Covid-19 during pregnancy is more likely to result in severe infection than in non-pregnant women, and contributes to a higher rate of adverse pregnancy outcomes compared with non-infected pregnant people. These risks are exacerbated in the presence of comorbidities, increased BMI and increased maternal age [3-6]. As the health professionals whose role exclusively relates to pregnancy, birth and postpartum care, midwives have a responsibility to minimise their chance of transmitting Covid infection as they provide care.

Internationally, because of existing health inequities, Covid-19 infection is disproportionately affecting Indigenous [7, 8], Black and minority ethnic populations [9], through more severe infection and mortality, as well as the negative economic effects of lockdown measures. In Aotearoa, Māori and Pasifika peoples have a higher risk of hospitalisation with Covid-19 infection than people from other ethnic groups [10]. If the virus spreads widely, the health impact will be higher for Māori than non-Māori [11], and modelling points to a 50% higher mortality rate for Māori than non-Māori [12].

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A high level of vaccination across the whole population contributes to health equity through collective immunity which reduces the rate of transmission to communities who may experience more harm from Covid-19. As providers of essential health care who promote health equity, vaccination is an important way that midwives can protect the women and birthing people, their whānau and the communities they serve.

## Links

[College of Midwives Covid-19 vaccination page](#)

Immunisation Advisory Centre:

- [Comminarty vaccine overview](#)
- [How Comirnaty is made and what it contains](#)
- [How the Comirnaty vaccine works and the protection it provides](#)

## References

1. Health and Disability Commissioner, *Code of Health and Disability Services Consumers' Rights*, H. Health and Disability Commissioner - Te Toihau Hauora, Editor. 1996, Health and Disability Commissioner: Wellington.
2. Human Rights Commission. *Human rights and responsibilities as important as ever in Alert Level 4*. 2021 19 August 30 August 2021]; Available from: <https://www.hrc.co.nz/news/human-rights-and-responsibilities-important-ever-alert-level-4/>.
3. Allotey, J., et al., *Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis*. BMJ, 2020: p. m3320.
4. Zambrano, L.D., et al., *Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020*. MMWR. Morbidity and Mortality Weekly Report, 2020. **69**(44): p. 1641-1647.
5. Vousden, N., et al., *Impact of SARS-CoV-2 variant on the severity of maternal infection and perinatal outcomes: Data from the UK Obstetric Surveillance System national cohort*. 2021, Cold Spring Harbor Laboratory.
6. Villar, J., et al., *Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection*. JAMA Pediatrics, 2021. **175**(8): p. 817.
7. Curtice, K. and E. Choo, *Indigenous populations: left behind in the COVID-19 response*. The Lancet, 2020. **395**(10239): p. 1753.
8. Power, T., et al., *COVID-19 and Indigenous Peoples: An imperative for action*. Journal of Clinical Nursing, 2020. **29**(15-16): p. 2737-2741.
9. Mude, W., et al., *Racial disparities in COVID-19 pandemic cases, hospitalisations, and deaths: A systematic review and meta-analysis*. Journal of Global Health, 2021. **11**.

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10. Steyn, N., et al., *Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19*. New Zealand medical journal, 2021. **134**(1538): p. 28-43.
11. McLeod, M., et al., *COVID-19: we must not forget about Indigenous health and equity*. Australian and New Zealand Journal of Public Health, 2020. **44**(4): p. 253-256.
12. Steyn, N., et al., *Estimated inequities in COVID-19 infection fatality rates by ethnicity for Aotearoa New Zealand*, ed. R.N. Binny, et al. 2020, Auckland]: Te Pūnaha Matatini.
13. Carroll, S.R., et al., *Indigenous Peoples' Data During COVID-19: From External to Internal*. Frontiers in sociology, 2021. **6**: p. 617895-617895.

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