

20th December 2019

Holidays (Bereavement Leave for Miscarriage) Amendment Bill (No 2)

New Zealand College of Midwives

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 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 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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The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Holidays (Bereavement Leave for Miscarriage) Amendment Bill (No 2) and we acknowledge Labour MP Ginny Andersen for sponsoring a bill that we consider compassionate, necessary and progressive.

Pregnant women are encouraged to book with a lead maternity carer (LMC) midwife as early as possible in their pregnancies to initiate midwifery care and to ensure a secure booking with the LMC of their choice. The College is hoping that improved funding arrangements for first trimester of pregnancy care will be part of a revised contract model for LMC midwives which the College understands the Ministry of Health has committed to implementing by July 2020. The College sees the support to provide more accessible miscarriage care, when necessary, as a significant benefit of the desired new funding model.

Miscarriage affects one in every four women and this is a traumatic time in women's lives. Midwives in Aotearoa New Zealand work in partnership with women to give women the necessary skilled support, care and advice, during pregnancy, birth, labour, and the post-birth period. Partnership is a key concept for the midwifery profession and midwives engage with women and their families in relationships of trust, shared decision making and responsibility, negotiation and shared understanding. It is this quality relationship that supports the midwife-woman connection and which fosters trust and meaningful dialogue about a range of concerns and issues and this includes pregnancy loss at any stage of pregnancy, grief and mental health concerns.

Feedback from the College is below.

Executive summary

1. The College strongly supports the Holidays (Bereavement Leave for Miscarriage) Amendment Bill (No 2).
2. The College anticipates that maternal mental health, and care and recovery from miscarriage, could be supported by improved funding arrangements for community based midwives which will enable them to play a key role in miscarriage care.
3. The College is an employer and we consider that all workers, regardless of their employment status and/or hours of work, should have access to all aspects of maternity protection, including three days of paid bereavement leave for miscarriage.
4. Maternal mental health is a key issue which impacts on women, their whānau, and wider society. Bereavement leave for miscarriage is another aspect of support for maternal mental health, the value of which should not be underestimated.

Feedback

- 1.0 The College welcomes the Bereavement Leave for Miscarriage Bill and the clarity this will bring to the Holidays Act 2003 in terms of employer 'leave on the death of a child', and we support the leave provision of up to three days for both the woman and her partner or significant other. We consider that forcing employees, who have had a baby loss, to use sick or annual leave has been inappropriate.
- 2.0 The College considers this adjustment to the law as a much needed and necessary change that signifies understanding and recognition of the emotional, mental and physical health needs of workers. Taking time to initiate recovery from a traumatic event such as miscarriage or stillbirth will support future mental health and wellbeing.
- 3.0 The importance of maternal physical, mental and emotional health, and recovery from miscarriage, should not be lost within discourses of this bereavement leave as the reasons that underpin maternal leave for either maternity or miscarriage are of significant importance for gender equity, health and wellbeing.

4.0 The College considers that midwives, as the primary workforce who already support women with early pregnancy testing, are in a position to provide support for the issue of pregnancy confirmation in terms of eligibility for miscarriage leave if this is considered to be necessary.

5.0 Midwives are also able to recognise when there may be issues to address post-miscarriage, and they can assist women with any mental health challenges early, support them, and refer to specialist or other support services when necessary.

The College would like to congratulate the Government on this positive change to the Holidays Act 2003 and we welcome the much needed clarity this will bring to bereavement leave for employees.

Ngā mihi

Carol Bartle

Policy Analyst

New Zealand College of Midwives