

16th July 2019

Climate Change Response (Zero Carbon) Amendment Bill

New Zealand College of Midwives

PO Box 21 206

Christchurch 8143

Tel (03) 377 2732

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.



New Zealand
College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

16th July 2019

Committee Secretariat
Committee Secretariat
Environment Committee
Parliament Buildings
Wellington

zerocarbon@parliament.govt.nz

Climate Change Response (Zero Carbon) Amendment Bill

Introduction

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Climate Change Response (Zero Carbon) Amendment Bill. We appreciate the urgent issues emerging from the climate crisis 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 continue to be gravely concerned about the increasing number of extreme weather events, and regular threats to safe drinking water and nutritious sustainable food sources. The number of natural and human induced climate 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. Rylander et al (2013) consider climate emergencies as 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: *“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*

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

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 health risks for pregnant, birthing and post-birth women, associated with exposure pathways such as increased heat, extreme weather, water quality and decreasing food security, are mediated through physiologic, cultural, and socioeconomic vulnerabilities, which differ substantially between men and women.³ For example, He, et al. found that elevated temperatures in warm seasons may increase the risk of placental abruption in women whose pregnancies were near or at term.⁴ Extremes of local ambient temperature may also have chronic and acute effects on stillbirth risk, even in temperate zones, and research by Sorenson recommends that temperature-related effects on pregnancy outcomes merit additional investigation.⁵

It is important to recognise, however, that women are not ‘just’ climate victims but key actors in climate change action. The midwifery profession recognises the significance of the threat of climate change and recognise the need for, and the importance of, midwifery input into climate change policymaking at national, regional and global levels.⁶ Gendered perspectives need to be integrated into existing climate, development and disaster risk reduction policy frameworks.⁷

The College has outlined below what we consider key discussion points from the Zero Carbon Bill which we feel need addressing further. We support the intent of this Bill but feel that the purpose needs to be clearer, and the intention strengthened. The College agrees in principle with a stepping stones approach but we consider that the target dates are disappointing. The need for a strengthening of the Bill includes reviewing the target dates which do not take into account the urgency of addressing rapid environmental changes and the climate crisis globally.

1. Climate Change Commission

The College supports the establishment of a new independent Climate Change Commission but we have concerns about the potentially limited advisory role proposed. We consider there should be a legal requirement for the Government to act on advice from the Commission, and transparent accountability

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

³ Sorenson, C., Murray, V., Lemery, K., & Balbus, J. (2018). Climate change and women’s health: Impacts and policy directions. *PLoS Medicine*, 15(7):e1002603

⁴ He, S., Kosatsky, T., Smargiassi, A., Bilodeau-Bertrand, M., & Auger, N. (2018). Heat and pregnancy-related emergencies: Risk of placental abruption during hot weather. *Environment International*, 111:295-300.

⁵ Ha, S., Liu, D., Shu, Y., Soo Kim, S., Sherman, S., Grantz, K. L., & Mendoza, P. (2017). Ambient Temperature and Stillbirth: A Multi-Center Retrospective Cohort Study. *Environmental Health Perspectives*, 125(6). <https://doi.org/10.1289/EHP945>

⁶ International Confederation of Midwives. (2014). *Impact of Climate Change, (Position Statement), The Hague*, ICM.

⁷ Sorenson, C., Murray, V., Lemery, K., & Balbus, J. (2018). Climate change and women’s health: Impacts and policy directions. *PLoS Medicine*, 15(7):e1002603

of the Government in this context. The College also considers that it is critically important for the Commission to have a Te Tiriti based partnership within its membership and standing advisory bodies, which also need to include permanent Māori representatives with expertise in key issues such as hauora Māori, health equity and decolonisation.

2. Carbon neutrality

The College is concerned about the target date of 2050 for carbon neutrality. The Intergovernmental Panel on Climate Change calls for CO₂ output to be halved by 2030.⁸ The College would like to see a review of the target date set for Aotearoa New Zealand and a plan to achieve carbon neutrality faster.

3. Methane Output

The College would like to see strong methane reduction targets which are in line with the Intergovernmental Panel on Climate Change (IPCC). We strongly support a recommendation to take early and concerted climate action with avoidance of a reliance on unproven technologies. The IPCC recommend a 24-48% reduction by 2030 (relative to 2010), and a 33-69% reduction by 2050 (relative to 2010). New Zealand's Greenhouse Gas Inventory shows that agriculture is responsible for 48.1% of greenhouse gas emissions, of which 18.3% is methane, with total dairy cattle contribution to greenhouse gases at 22.5%.⁹ Reducing dairy herds and prohibiting future dairy conversions will be essential.

4. Transition to renewable energy

The College would like to see a firm commitment and secure plan for the transition from fossil-fuel-based energy to renewable energy for Aotearoa New Zealand.

5. Resource Management Act and the Climate Change Response (Zero Carbon) Amendment Bill.

The College is concerned about the potential tension between the Resource Management Act (RMA) and the Climate Change Response (Zero Carbon) Amendment Bill. We understand that local councils may have some restrictions with their decision making processes concerning environmental issues and the climate emergency related to the RMA.

⁸ 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.

⁹ Ministry for the Environment. (2019). *New Zealand's Greenhouse Gas Inventory 1990-2017.* <https://www.mfe.govt.nz/climate-change/state-of-our-atmosphere-and-climate/new-zealands-greenhouse-gas-inventory>

6. Te Tiriti o Waitangi

The climate crisis will affect the health of indigenous peoples due to a range of factors already recognised, and which include their relationship with the natural environment, socioeconomic deprivation, issues with access to quality health care and political marginalisation.¹⁰ As Jones describes, anthropogenic climate change is intimately connected to the ideologies, systems and practices of colonialism, and climate emergency impacts could be described as an intensification of the colonisation process.¹¹ Colonisation has led to dispossession of land, a destabilised culture and marginalisation across the social, economic and political spectrum.¹² Planning for the effects of the climate crisis needs to prioritise those people who will be most in need of health support and this includes Māori, Pacific, and people on low incomes, migrants, people living rurally, children and the elderly.¹³ Therefore, the College would like to see further reference to Te Tiriti o Waitangi in the Climate Change Response (Zero Carbon) Amendment Bill. The Bill does briefly note the potential harm to Māori of climate change but there is also a need to acknowledge Māori tino rangatiratanga over taonga. Using the principles from the Māori translation of Te Tiriti o Waitangi to make specific recommendations would strengthen the Bill. Recognition of the need for a multi-sector strategy that takes into account the devastating effects of inequity at times of climate emergency and disaster needs to be addressed.

The recently released Waitangi Tribunal, Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry includes a claim from Ngāti Kiore and Te Kohatutaka hapū of Mangataipa who allege that the Crown acted in a way inconsistent with kāwanatanga obligations by failing to protect hapū hauora (health and wellbeing).¹⁴ Failure to act with urgency on climate crisis issues will constitute a further failure to protect hapū hauora.

7. Pregnant and birthing women and infants

Pregnant and birthing women and infants are also amongst those people who need to be prioritised in terms of health support needs and the need for security and safety. The College would like to see the recognition of the need for protection of the health and wellbeing of pregnant and birthing women and infants in Aotearoa New Zealand included in a section within the Climate Change Response (Zero Carbon) Amendment Bill.

Conclusion

¹⁰ Jones, R. (2019). Climate change and indigenous health promotion. *Global Health Promotion*, 26(3):73-81.

¹¹ Ibid

¹² Jones, R., Bennett, H., Keating, G., & Blaiklock, A. (2014). Climate change and the right to health for Māori in Aotearoa/ New Zealand. *Health and Human Rights Journal*, 1(16):54-68.

¹³ Bennett, H., Jones, R., Keating, G., Woodward, A., Hales, S., & Metcalfe, S. (2014). Health and equity impacts of climate change in Aotearoa-New Zealand and health gains from climate action. *NZ Medical Journal*, 127(1406):16-31.

¹⁴ Waitangi Tribunal Report. (2019). *Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. 1.2.3.3 The Ngāti Kiore and Te Kohatutaka hapū of Mangataipa claim (Wai 1732). Wellington, Waitangi Tribunal.

The College recommends that the Climate Change Response (Zero Carbon) Amendment Bill takes into account the need for more urgent and bolder action to mitigate the accelerating climate emergency.

Thank you for the opportunity to respond to the Climate Change Response (Zero Carbon) Amendment Bill. The College does feel somewhat reassured that the process of climate change mitigation is underway in Aotearoa New Zealand, and hope that the renewed commitment to implementing climate change policies will not only continue but also intensify.

Ngā mihi

Carol Bartle

Policy Analyst

New Zealand College of Midwives