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

27th August 2021

A fair chance for all: Breaking the disadvantage cycle

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

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New Zealand Productivity Commission
Te Kōmihana Whai Hua o Aotearoa

A fair chance for all: Breaking the disadvantage cycle

Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on this consultation; 'A fair chance for all: Breaking the disadvantage cycle'.

Disadvantage is significantly linked to inequality, poverty and structural racism. The ill effects of colonisation on the health and wellbeing of Māori are well known and significant to any narratives about disadvantage, and measures to effectively address heath inequities are well overdue. Masters-Awatere and Graham note that the unjust distribution of the social determinants of health and racism exacerbate health inequalities.[1]

As described in the consultation document, society cannot guarantee equality of outcomes for all people but it is critical that the terms of reference and inquiry acknowledges that for many people there are limited choices and opportunities and there is no level playing field. Any discussion of 'choice' needs to recognise that choice is an illusion in situations where systemic racism, poverty, food insecurity, and issues of poor, sub-standard and insecure housing are widespread.

In terms of 'getting off to a good start' in life from birth, the College strongly supports a significant investment in the first 1000 days of life, which requires a dedicated focus on health and wellbeing in pregnancy, and early childhood and parenting support. Without attention to the beginning of life any programmes and initiatives introduced will not be cost-effective and will have a limited impact. There is a growing body of evidence showing care in pregnancy is a critical building block for the foundation of health. Giving every baby the very best start in life is crucial to preventative health care, public health

[1] Masters-Awatere, B., & Graham, R. (2019). Whānau Māori explain how the Harti Hauora Tool assists with better access to health services. *Australian Journal of Primary Health,* https://doi.org/10.1071/PY19025

and to the promotion of health equity across the life course. The wellbeing of babies and children is explicitly linked to maternal and parental wellbeing. and action to improve the lives, health and opportunities for parents must therefore also be prioritised. Midwifery is both a preventative and an acute response health service which impacts positively on maternal, infant and child wellbeing, both short and long-term. The College supports action to reduce the significant inequities and disadvantage that continue to threaten health and wellbeing in Aotearoa New Zealand.

Summary of key points

- Disadvantage is significantly linked to inequality, poverty and structural racism.
- Choice is an illusion in situations where systemic racism, poverty, food insecurity, and issues of poor, sub-standard and insecure housing are widespread.
- To address disadvantage investment in the first 1000 days of life is critical - with a dedicated focus on health and wellbeing in pregnancy, and early childhood and parenting support.
- The wellbeing of babies and children is explicitly linked to maternal and parental wellbeing.
- Parenting requires support, and attention to issues of inequity and poverty represent a good opportunity to really make a positive difference for parents, families and whānau.
- Voices and experiences of parents and whānau should be part of the inquiry into disadvantage.
- Midwifery care is both a preventative and an acute response health service which impacts positively on maternal, infant and child wellbeing, both short and long-term. Pregnancy and parenting are key windows of opportunity.
- Countering corporate influence is necessary to break the disadvantage cycle and to place the wellbeing of citizens above that of corporations.
- 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 and needs to be considered as part of this inquiry process.

Detailed feedback

1. The United Nations Convention on the Rights of the Child states that the best interests of the child shall be the primary consideration, that State parties shall ensure to the maximum extent possible the survival and development of the child, and children have the right to the enjoyment of the highest attainable standard of health. Pregnancy and the first 1,000 days are significantly important for the health and wellbeing of children.
2. The Global Initiative, the 'First 1,000 days', has the stated mission of making the wellbeing of women and children in the first 1,000 days a priority. The College supports all the key

indicators described in the 'First 1,000 days' framework which includes social investment in infants and children, and the statement which draws attention to the need to care for pregnant women, mothers and birth parents who identify as another gender.[2]

3. Any wellbeing or health promotion work is unlikely to be effective where there are conditions of serious inequity, hardship and poverty, despite the best of intentions. Parenting requires support, and attention to issues of inequity and poverty represent a good opportunity to really make a positive difference for parents, families and whānau. Socioeconomic and environmental barriers need to be a significant part of the terms of reference and inquiry.
4. The College recommends the avoidance of any focus on individual behaviour change and a move towards recognition and acknowledgment of the inequalities within society, and the challenges experienced by many people.
5. More attention is urgently needed to provide appropriate, effective and accessible health care and support to Māori to reduce inequity. A whānau ora approach and increased support for Māori communities, kaupapa Māori community health organisations and primary care across Aotearoa New Zealand is necessary.
6. The College agrees that parent and whānau experiences should contribute to any inquiry into disadvantage. What works for whom, how, in what circumstances, in what respect, when, and where, are questions that need answering in this inquiry.
7. The Australian Government developed a document focussed on the social and emotional development and wellbeing of infants in pregnancy and the first year of life.[3] This document is underpinned by discussion of relationships with parents and caregivers and also uses the GRADE approach to assess quality of evidence for effectiveness of interventions.
8. The document mentioned above provides robust evidence for the benefits of antenatal and postnatal education, in terms of infant cognitive and social development, infant mental health, parenting quality and couple adjustment, reduction in maltreatment, and health promoting behaviours. Home visiting interventions were found to be of benefit, starting before birth and in the first year of life. These are all aspects of care provided by midwives and delivered in homes around Aotearoa New Zealand.
9. The College feels that recognition of the importance of midwifery care to public health and wellbeing and the role this plays in breaking an important aspect of the cycle of disadvantage is critical. Infants and children cannot experience optimal development, safe and positive pregnancy, birth and parenting, without recognition of the support necessary for women and their whānau during these periods in their lives. Improved working conditions for midwives

[2] The First 1,000 Days. *An urgent opportunity: a healthy first 1,000 days for mothers and children everywhere*. https://thousanddays.org/the-issues/

[3] Australian Government / National Health and Medical Research Council. (2017). *NHMRC Report on the evidence: Promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life.* https://aifs.gov.au/cfca/2017/05/08/report-evidence-promoting-social-and-emotional-development-and-wellbeing-infants

and attention to issues of recruitment and retention, as well as funding issues, underpin this important issue. We recommend the inclusion of these issues within the terms of reference.

10. The G20 initiative for Early Childhood Development, which is aimed at building human capital to break the cycle of poverty and inequality, provides a template for action.[4] Point 10 specifically mentions quality primary healthcare, and the importance of pregnancy, childbirth and breastfeeding. Point 11 highlights nutrition in pregnancy and early childhood and again emphasises the importance of breastfeeding, *"as an essential means of ensuring food security and nutrition for infants."*
11. A desire for increased breastfeeding rates, in terms of exclusivity and duration, is stated by governments, including in Aotearoa New Zealand, as goals to aspire to in terms of improvement of child health and maternal health. Unfortunately, there are many barriers to breastfeeding which exist at the societal rather than the individual level and which are outside the control of many women. These social and systemic barriers have resulted in a serious inequity of infant feeding choices which includes the loss of a breastfeeding culture for Māori.
12. The Lancet Breastfeeding Series of 2016 drew attention to the need for countries to scale up known interventions, policies, programmes and supportive systems, from legal and policy directives to social attitudes and health care systems, to enable women to breastfeed.[5] Influences from a range of settings, including within families and health care systems, the availability of flexible maternity leave, economics and workforce factors, supportive quality child care, community attitudes, and the marketing of formula have been identified as enablers or barriers.
13. There is a growing body of robust evidence to support the significance of breastfeeding to health. There is also evidence showing the disastrous effects and economic costs to countries, including Aotearoa New Zealand, of a lack of protection and support for breastfeeding with dramatic increases in the rates of non- communicable diseases (NCDs) being observed. The burden of obesity, diabetes and heart disease continues to increase which contributes significantly to disadvantage and this places significant stresses on already underfunded and overworked health systems.
14. The College considers that a human rights framework should underpin any work examining disadvantage. There are many tenets included in human rights documents that Aotearoa New Zealand is signatory to, that are applicable to infant and child wellbeing and the protection of parenting.

[4] G20. (2018). *Initiative for Early Childhood Development: Building human capital to break the cycle of poverty and inequality.* Argentina. https://www.g20.org/sites/default/files/documentos_producidos/g20_initiative_for_early_childhood_development.pdf

[5] Rollins, N.C., Bhandari N., Hajeebhoy, N., et al. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet,* 387(10017):491–504.

15. The right to health was described in a Ministry of Health report in 2018.[6] This statement recognised the accountability of governments to provide equal opportunities for *"all people to be healthy, meaning that all people attain the highest possible level of mental and physical wellbeing."* The College supports this statement, which is underpinned by human rights principles, and is hopeful that this government will meet their obligations to work towards an end to poverty, and an end to racial discrimination in health care, to actively promote and support the wellbeing of all people in Aotearoa, to support secure warm housing for all citizens, to remove barriers to health care access, and to move towards a full recognition of what the statement "giving every child the best start in life" means in its entirety.
16. A review of the health system will not improve health outcomes without a broader approach that takes into account the social and commercial determinants of health. Any work to break cycles of disadvantage needs to take these government obligations into account.
17. The Families and Whānau Status Report 2016 highlighted how financial and psychological stressors impact on the ability of whānau to function well.[7] The stress of unsafe and unhealthy living environments and the highly likely deterioration in physical, spiritual, and psychological health places an unacceptable burden on pregnant women, women with newborn infants and young children and their whānau.
18. The College would like to see recognition of the commercial determinants of health. As noted by the WHO Director-General Margaret Chan, efforts to prevent non-communicable diseases and improve population health are in direct opposition to business interests.[8] Kickbusch et al. in the Lancet note that corporate influence is exerted through four channels, marketing to enhance the desirability and acceptability of unhealthy commodities; lobbying which can impede policy barriers; corporate responsibility strategies which can deflect attention and whitewash reputations; and extensive supply chains which amplify corporate influence.[9] Work to counter corporate influence is necessary to break the disadvantage cycle and to place the wellbeing of citizens above that of corporations.
19. Unsafe and unhealthy living environments, and a deterioration in physical, spiritual, and psychological health, places an unacceptable burden on pregnant women, and women with newborn infants and young children. Midwives have communicated with the College about the extreme difficulties women and whānau are facing and also described the challenges that they also face with the provision of quality care when confronted with poverty, food insecurity, and inadequate poor quality and insecure housing.

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[6] Ministry of Health. (2018) *Achieving equity in health outcomes: highlights of important national and international papers*. Wellington, MOH.
[7] Social Policy Evaluation and Research Unit. (2016). *Families and Whānau Status Report*. Wellington, Superu.
[8] WHO. (2016). WHO Director-General address, 8th Global Conference on Health Promotion, Helsinki. Geneva, WHO.
[9] Kickbusch, I., Allen, L., & Franz, C. (2016).

20. Midwives are one of the only groups of health professionals who regularly visit women and their whānau in their own homes, or place of abode. This enables a primary gaze on the impact of sub-standard housing, and insecure living conditions on women, their pregnancies, labour, birth and the post-birth period, alongside the impact on the newborn infant and other children. Narratives collected by the College from midwife members around Aotearoa New Zealand contain evidence of the serious disadvantages and hardship experienced by pregnant women, and new mothers with infants.
21. The health of former refugee and asylum seekers and their children needs to be considered as part of the terms of reference and inquiry. Measures to ensure more effective protection for former refugee and asylum-seeking women, and their children, requires long term effective solutions and a broad policy approach that encompasses health, social services, welfare, economic policy, education, gender equity and employment policy.
22. 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. Direct and indirect health effects of climate change will have a greater impact on those already suffering from disadvantage and poorer health in Aotearoa New Zealand such as 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 a population that will also experience a greater negative impact. For these reasons any discussion of disadvantage needs to take into account the effects of climate change and this should be included within the terms of reference.
23. A cross-sector, cross-political party and cross-ministries approach is necessary as the influence of the political environment needs to be taken into account. Effectiveness and sustainability should be two major aims of any interventions implemented to address persistent disadvantage.

Conclusion

The College notes that the consultation document does acknowledge that interventions to support pregnancy, parenting and child care can be effective, but we were disappointed to see the comment about a trade-off between what is best for the child and what is best for the labour market outcomes of the parents. In terms of making a positive difference to cycles of disadvantage there should be no need for a 'trade-off'. The aim should be a focus on what is best for the infant, child, and their parents and to ensure that all parents are well supported, earning a secure living wage without sacrificing their mental health or quality time with their children, that they have suitable housing and food security, access to flexible parental

and maternity leave, and affordable, accessible quality child care when needed. Flexible work programmes and family supportive workplace cultures are important.

The gender pay gap remains an unresolved issue and pay equity is significantly important as the COVID-19 pandemic has negatively impacted on women's work and wellbeing. While affordable child care should be accessible for all, it is also important to recognise the significance of breastfeeding and to work towards making it possible for women to continue breastfeeding, if they wish to, by ensuring that workplaces and early childhood settings are supportive.

In answer to the question 'where should the commission focus its efforts in finding solutions' the College would like to emphasise again the importance of the first 1,000 days as a priority. Any strategy to address disadvantage will fall short of its aim if pregnancy, infancy and early childhood are ignored. Pregnancy and parenting are key windows of opportunity. Attention to the care of pregnant and birthing women, and new parents and their whānau are essential components of any work to address disadvantage. The midwifery relational model of continuity of care and partnership with women has been shown to significantly improve a range of health outcomes. If fully supported, midwives and midwifery care do have the potential to reduce the inequities that continue to threaten health and wellbeing, and this would make a significant, valuable contribution to addressing disadvantage.

The College would welcome further involvement in the development of the terms of reference and engagement with the Commission for ongoing discussion.

Thank you for the opportunity to provide feedback for these terms of reference.

Ngā mihi

Carol Bartle
Policy Analyst
New Zealand College of Midwives
Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa