

28th March 2021

Climate Action for Aotearoa

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



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

28th March 2021

Climate Change Commission

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Climate Action for Aotearoa

Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Climate Change Commission's draft of advice for consultation.

Introduction

Climate change is a public health issue and health-protecting policies, both global and national, are critical, overdue and urgent. Midwives engage in public health practice and play an essential role as primary and secondary health care providers. Pregnant women, infants and young children are amongst the populations who will be most affected and women already suffer from gender inequity, poverty and marginalisation. Gendered perspectives need to be integrated into existing climate, development and disaster risk reduction policy frameworks, as climate change will disproportionately impact some communities more than others.¹ There are increasing 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.² Climate emergencies have been described as one of the biggest threats to achieving global targets for maternal health.³ The College has provided responses to the consultation questions with public health perspectives, pregnancy, maternal and infant health and

¹ Sorenson, C., Murray, V., Lemery, K., & Balbus, J. (2018). Climate change and women's health: Impacts and policy directions. *PLoS Medicine*, 15(7):e1002603

² 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>

³ 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

wellbeing in mind. We aspire to support all families and whānau to flourish and we view the climate emergency as being the biggest threat to human health and survival.

Answers to the consultation questions are below.

YOUR ONE BIG THING?

The inclusion of public health – pregnancy, women’s health, infant and child health

- The College would like to see public health representation, hauora Māori, health equity expertise, women’s health expertise and children’s interests advocates represented on the Climate Change Commission and in climate policy development.
- It is important to highlight the threats to health due to climate change in the report. Currently there are no specific threats identified. The evidence-based health benefits of climate action need to be documented and quantified in the report.
- Dasandi et al. (2021)⁴ found that in the nationally determined contributions (NDCs) submitted to the UN Framework Convention on Climate Change registry (required by the Paris Agreement) fewer countries discuss health in the same level of detail as other topics and countries that made no mention of health were predominantly high income countries, including New Zealand. In 2020 New Zealand was given a zero score for health engagement in terms of submitting a nationally determined contribution (NDC). There is no mention of health in the submission made by Aotearoa New Zealand in April 2020 although the establishment of the Climate Change Commission (CCC) is identified as part of an ambitious commitment to national action.⁵ Inclusion of members with a strong health and sustainable equity focus on the CCC will support health engagement.
- Because the ability of health systems to deliver care will be disrupted and public health gains will be undermined due to climate change,⁶ the inclusion of health in climate policy development is a top priority focus.
- A health in all climate policies scenario (HPS) approach, which means placing health in the design, assessment, and implementation of policy responses to climate change, is

⁴ Dasandi, N., Graham, H., Lampard, P., & Mikhaylov, S. J. (2021). Engagement with health in national climate change commitments under the Paris Agreement: a global mixed-methods analysis of the nationally determined contributions. *Lancet Planetary Health*, 5:e93-101.

⁵ New Zealand Government. (2020). *Submission under the Paris Agreement Communication and update of New Zealand’s Nationally Determined Contribution*, 22 April 2020.
<https://www4.unfccc.int/sites/ndcstaging/PublishedDocuments/New%20Zealand%20First/NEW%20ZEALAND%20NDC%20update%202%2004%202020.pdf>

⁶ Tennison, I., Roschnik, S., Ashby, B., Boyd, R., Hamilton, I., Oreszczyn, T., Owen, A., Romanello, M., Ruyssevelt, P., Sherman, J. D., Smith, A. Z. P., Steele, K., Watts, N., & Eckelman, M. J. (2021). Health care’s response to climate change: a carbon footprint assessment of the NHS in England. *Lancet Planetary Health*, 5:e84-92

recommended and seen as providing an opportunity to meet the goal of “well below 2°C” in a way that maximises good health and wellbeing.⁷

- The health and economic benefits from cleaner air, healthier diets, and more active communities are described as clear, despite these benefits not yet being embraced in climate policies. Little reference to health has been made within current nationally determined contributions (NDCs).⁸
- 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 is significantly important for the health and wellbeing of children and the negative effects of climate change on the developing baby are now well documented.
- The ‘fingerprint of climate change’ has been described as beginning before a baby is born due to pregnant women already enduring environmental crises that their children will be exposed to after birth.⁹
- The College has a particular focus on the health and wellbeing of women and babies. Evidence indicates that exposure to a deteriorating environment, which includes the effects of air pollution, heat-related illness, malnutrition, vector-transmitted diseases, and mental health problems, have adverse effects on maternal stress, health and wellbeing. This can negatively shape the developing fetus and is associated with adverse pregnancy outcomes.¹⁰
- The developing fetus and young child are more biologically and psychologically at risk from the effects of climate change. For example, exposure to air pollutants is associated with low or reduced birthweight, intrauterine growth restriction, and preterm birth.¹¹ It has also been suggested that exposures to high temperature might be associated with adverse birth outcomes, particularly amongst women in lower socioeconomic groups, with evidence most consistent and effect sizes largest for preterm birth and stillbirth.¹²

⁷ Hamilton, I., Kennard, H., McGushin, A., Höglund-Isaksson, L., Kiesewetter, G., Lott, M., Milner, J., Purohit, P., Rafaj, P., Sharma, R., Springmann, M., Woodcock, J., & Watts, N. (2021). The public health implications of the Paris Agreement: a modelling study. *Lancet Planetary Health*, 5:e74-83.

⁸ Hamilton, I., Kennard, H., McGushin, A., Höglund-Isaksson, L., Kiesewetter, G., Lott, M., Milner, J., Purohit, P., Rafaj, P., Sharma, R., Springmann, M., Woodcock, J., & Watts, N. (2021). The public health implications of the Paris Agreement: a modelling study. *Lancet Planetary Health*, 5:e74-83.

⁹ Pacheco, S. (2020). Catastrophic effects of climate change on children’s health start before birth. *The Journal of Clinical Investigation*, 130(2):562-564.

¹⁰ Ibid.

¹¹ Perera, F. P. (2017). Multiple threats to child health from fossil fuel combustion: impacts of air pollution and climate change. *Environmental Health Perspectives*, 125(2):141-148.

¹² Chersich, M. F., Pham, M. D., Areal, A., Haghihi, M. M., Manyuchi, A., Swift, C. P., Wernecke, B., Robinson, M., Hetem, R., Boeckmann, M., & Hajat, S. (2020). Associations between high temperatures in pregnancy and risk of preterm birth, low birth weight, and stillbirths: systematic review and meta-analysis. *BMJ*, 371: <https://doi.org/10.1136/bmj.m3811>

- There are magnified effects of climate change on children due to inadequate nutrition, lack of social support, poverty and racism, particularly in countries with growing socioeconomic inequalities, such as Aotearoa New Zealand.

Commercial determinants of health

- Climate change is a public health issue and the commercial determinants of health need to be considered and addressed. Recognition of the influence of corporate activity on population health is well documented¹³ and there is growing evidence that the economic power of corporations has defeated, delayed and weakened public health policies.¹⁴ The corporate practices that have actively worked against public health initiatives, and health advocates, are also holding back progress towards meaningful climate goals.
- A continued focus on individual behaviour change promotion as a panacea to solve public health challenges represents and signifies an inadequate response by governments. It is the same issue that plagues meaningful climate action – the reluctance to regulate.
- Without the political will to regulate climate and health-harming industries we will not make the progress urgently needed. The regulation of climate and health-harming industries is essential and this needs to be a priority.¹⁵
- Corporate social responsibility initiatives have been used as a strategy to “neutralise opposition” and they have the potential to ‘pacify’ opposition.¹⁶ Awareness and analysis of corporate tactics such as coercion, which can be explicit and visible, and appeasement, which may be more subtle, is significantly important to inform advocacy efforts.¹⁷

Te Tiriti o Waitangi - needs to be centred in the proposals

- 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.¹⁸
- 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.¹⁹

¹³ Maani, N., McKee, M., Petticrew, M., & Galea, S. (2020). Corporate practices and the health of populations: a research and translational agenda. *The Lancet*, 5:e80-e81.

¹⁴ Mialon, M., Vandevijvere, S., Carriedo-Lutzenkirchen, A., Bero, L., Gomes, F., Petticrew, M., McKee, M., Stuckler, D., & Sacks, G. (2020). Mechanisms for addressing and managing the influence of corporations on public health policy, research and practice: a scoping review. *BMJ Open*, 10:e034082.doi:10.1136/bmjopen-2019-034082.

¹⁵ Macmillan, A. (2021). The Climate Change Act will now shape the nation’s health: an assessment of the first policy recommendations to reach our zero carbon target. *New Zealand Medical Journal*, 135(1530):8-11.

¹⁶ Lacy-Nichols, J., & Marten, R. (2021). Power and the commercial determinants of health: ideas for a research agenda. *BMJ Global Health*, 6:e003850. Doi:10.1136/bmjgh-2020-003850

¹⁷ Ibid.

¹⁸ Jones, R. (2019). Climate change and Indigenous health promotion. *Global Health Promotion*, 26(3):73-81.

¹⁹ Ibid.

- An Intergovernmental Panel on Climate Change report (2014) projected impacts of climate change on Māori were expected to be highly differentiated, and reflective of complex economic, social, cultural, environmental, and political factors.²⁰
- Transformational change is needed to address the unequal power structures that perpetuate inequity and all proposed adaptation interventions need to recognise the existing power structures.
- The 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).²¹ Failure to act with urgency on climate crisis issues will constitute a further failure to protect hapū hauora.
- The College supports the Climate Change Commission's comments about placing tikanga values at the forefront of the transition to ensure inclusivity and equity to improve the wellbeing of all those living in Aotearoa – now and in the future.

1. The pace of change

- The College considers that the emissions budgets are not ambitious enough or set to be achieved quickly enough and they do not meet Aotearoa's obligations under the Paris Agreement 2015.
- Delaying action further will lead to a worsening of health, social and economic inequities. Epidemiologists Wilkinson and Pickett highlighted the effects that inequality has on societies with increased rates of illness, excessive consumption, and a range of health and social problems in more unequal rich countries.²²

2. Future generations

- The College strongly disagrees with the suggestion that a fair balance has been struck.
- Intergenerational inequity requires this generation to act immediately to stop climate breakdown and reduce the harm that will be inflicted on future generations.
- 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

²⁰ Reisinger, A., Kitching, R. L., Chiew, F., Hughes, L., Newton, P. C. D., Schuster, S. S., Tait, A., & Whetton, P. (2014). *Australasia*. In: Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part B: Regional Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change [Barros, V.R., C.B. Field, D.J. Dokken, M.D. Mastrandrea, K.J. Mach, T.E. Bilir, M. Chatterjee, K.L. Ebi, Y.O. Estrada, R.C. Genova, B. Girma, E.S. Kissel, A.N. Levy, S. MacCracken, P.R. Mastrandrea, and L.L.White (eds.)]. Cambridge University Press, Cambridge, United Kingdom and New York, NY, USA, pp. 1371-1438.

²¹ 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.

²² Wilkinson, R. & Pickett, K. (2009). *The Spirit Level: Why equality is better for everyone*. Penguin

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 and mothers.²³ Without immediate, courageous and transformational action on climate change future generations will suffer significant harm.

- The College cannot understand why immediate steps to reduce the burden of ill-health, and action to implement healthy and equitable climate policies, are not being taken.

5. Policy priorities to reduce emissions

The College considers that the urgent priorities are:

- Public health representation on the Climate Change Commission.
- Establishment of a multidisciplinary health advisory group to the commission – including a member who represents midwifery and childbirth matters.
- The recognition of the need for protection of the health and wellbeing of pregnant and birthing women and infants.
- Healthy equitable climate policy that promotes protects and supports a move to sustainable food systems, sustainable transport, resourcing to support pregnancy, childbirth and parenting, healthy homes and health and wellbeing. Healthy climate policies will reduce greenhouse gas emissions and improve the health and wellbeing of the population in Aotearoa.
- 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%.²⁴ Reducing dairy herds and prohibiting future dairy conversions will be essential.

Conclusion

The long-term consequences of decisions made today will be far reaching and systemic, and now is the time to make decisions about whether these consequences will be meaningful, just, fair and positive, or whether they will be detrimental to children now and in future generations. As Naomi Klein has said, we have to decide “what kind of people we are going to be and what policies will help us be our best selves.”²⁵ We need to ensure that policies designed and implemented now, and forward into the future are seen as opportunities to support equity, health and wellbeing, rather than being potentially harmful short-term limited 'solutions', and solutions that benefit corporations and industry over the wellbeing of

²³ The First 1,000 Days. *An urgent opportunity: a healthy first 1,000 days for mothers and children everywhere.* <https://thousanddays.org/the-issues/>

²⁴ 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>

²⁵ Flanders, L. (2020). *Naomi Klein: Climate solutions that neglect inequality are doomed to fail.* Inequality Org. <https://inequality.org/research/naomi-klein-climate-solutions-inequality/>

populations. Racism, conflicts of interest, imbalances of power, and industry lobbying must all be addressed as a part of climate change planning.

Sustainable health equity should be the goal of all aspects of climate action.

Ngā mihi

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Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa