

2nd June 2021

Proposal for the supply of 5mg folic acid tablets

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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PHARMAC Te Pātaka Whaioranga
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Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the proposal for the supply of 5mg folic acid tablets.

Feedback is below:

1. Prescribing drugs that are approved for use during pregnancy, labour, birth and in the postnatal period, is a competency of a practicing midwife on their own responsibility. The Midwifery Scope of Practice is the legal definition of midwifery in New Zealand and this is prescribed and defined by the Midwifery Council of New Zealand in accordance with Section 11 of the Health Practitioners Competence Assurance Act (HPCAA).
2. The College developed a consensus statement for midwives related to the prescribing of drugs unapproved for use in maternity care.¹ It states that unapproved drugs should not be promoted or prescribed by a midwife on her own responsibility. This means that the profession does not support midwife prescribing of off label, unapproved drugs.
3. As the 0.8mg tablets along with the 5mg tablets supplied by Apotex will be affected by this change of supplier, the College would like to be kept updated about the status of these changes.

¹ New Zealand College of Midwives. (2010). *Consensus Statement: Prescribing of Drugs Unapproved for use in Maternity Care or for the Newborn* <https://www.midwife.org.nz/wp-content/uploads/2019/05/Prescribing-of-drugs-unapproved-for-use-in-maternity-care-or-for-the-newborn.pdf>

4. The College recommends that the unapproved status of the Mylan brands of folic acid is addressed urgently by Medsafe and Mylan, as the prescribing of off label drugs by midwives is problematic.
5. There are other pressing issues in terms of the dosage of the Pharmac subsidised folic acid tablet recommended for pregnancy. This comment may appear out of scope of this consultation but the College has previously recommended, in other submissions related to folic acid, a review of the recommended dosage in Aotearoa New Zealand. We note that a supplement of 400µg/day of folic acid provides a continued benefit of reduced incidence of NTD whilst also protecting against the risk of exceeding recommended upper intake levels.²
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6. The College notes that other countries recommend a dosage of 400µg/day.^{5 6 7} Therefore, we consider that a review by Pharmac of the recommended subsidised folic acid tablet for pregnant women in Aotearoa New Zealand is now long overdue.

The College also has some concerns about health inequities and would like to see consultation with Māori and Pasifika communities about their experiences of the barriers to using these recommended supplements. We realise this is also out of the scope of Pharmac and this current consultation, but feel that raising broader awareness of these issues is significantly important to addressing health inequity.

Thank you for providing the opportunity for feedback.

Ngā mihi

Carol Bartle

Policy Analyst

New Zealand College of Midwives

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa

² Capel, I., & Corcoy, R. (2007). What Dose of Folic Acid Should Be Used for Pregnant Diabetic Women? *Diabetes Care*, 30 (7) e63; DOI: 10.2337/dc07-0200

³ Chitayat, D., Matsui, D., Amitai, Y., Kennedy, D., Vohra, S., Rieder, M., & Koren, G. (2016). Folic acid supplementation for pregnant women and those planning pregnancy. *Journal of Clinical Pharmacology*, 56(2):170–175. doi:10.1002/jcph.616

⁴ De-Regil, L., Peña-Rosas, J., Fernández-Gaxiola, A. C., & Rayco-Solon, P. (2015). Effects and safety of periconceptional oral folate supplementation for preventing birth defects. *Cochrane Database of Systematic Reviews*, Issue 12. Art. No.: CD007950. DOI: 10.1002/14651858.CD007950.pub3

⁵ Centers for Disease Control and Prevention <https://www.cdc.gov/ncbddd/folicacid/about.html>

⁶ NHS UK <https://www.nhs.uk/common-health-questions/pregnancy/why-do-i-need-folic-acid-in-pregnancy/>

⁷ Government of Canada <https://www.canada.ca/en/public-health/services/pregnancy/folic-acid.html>