Consensus Statement:

Sexually transmitted infections

New Zealand
College of Midwives
Te Kāraeti o ngā Kaiwhakawhānau ki Aotearoa

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Tauāki | Statement

The New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa (the College) is committed to supporting women, gender diverse people and their whānau in protecting and safeguarding their sexual health and wellbeing. Midwives are optimally placed to promote and normalise sexual health care, provide accurate up-to-date information, support access to testing and treatment, and provide respectful and culturally safe care. The College recognises that screening for sexually transmitted infections in pregnancy is a key contributor to reducing preventable harm and improving health equity for māmā, pēpi and whānau.

Culturally safe midwifery care promotes trust and supports women and whānau to navigate sexual health screening and treatment with dignity.

Te Reo | Language

College statements use words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025).

Māori and Pacific Peoples are disproportionately affected by STIs, reflecting the broader impacts

of systemic inequities in access to healthcare and socioeconomic determinants of health (Came et al., 2020). These inequities should be acknowledged and addressed within midwifery care.

Key cultural considerations include:

- Taking guidance from Tūranga Kaupapa when caring for whānau Māori.
- Ensuring access to services that are clinically and culturally safe, especially for Māori and Pasifika whānau.
- Considering, if appropriate, whānau-centred approaches that support shared decision-making.
- Reducing stigma by communicating without judgment, with clear pathways and information to accessing treatment for a cure.
- Understanding the intergenerational impacts of colonisation, racism and social disadvantage that contribute to STI risks and accessing healthcare.
- Midwives are encouraged to reflect on their own practice and to engage in ongoing education that strengthens cultural safety, particularly when discussing sexual and reproductive health (New Zealand College of Midwives, 2025).

Whakamārama | Background

Sexually transmitted infections (STIs) continue to pose a significant public health concern in Aotearoa New Zealand, with increasing and inequitable prevalence (Institute of Environmental Science and Research (ESR), 2023). STIs such as chlamydia, gonorrhoea, herpes and syphilis can have serious health consequences in pregnancy (Tucker et al., 2022), including neonatal congenital infections, miscarriage, preterm birth and stillbirth.

Syphilis, HIV and gonorrhoea are notifiable diseases under the Health Act 1956, requiring mandatory reporting to public health authorities (New Zealand Sexual Health Society, 2021). Congenital syphilis is an ongoing concern in Aotearoa, with serious potential consequences including miscarriage, stillbirth, preterm birth and long-term infant health complications (Hook, 2020). Primary maternal genital herpes acquired late in pregnancy carries a high risk of transmission to the neonate (estimated at up to 50%) and is associated with potentially fatal neonatal Herpes Simplex Virus (HSV) infection, often presenting within the first six weeks of life (New Zealand Herpes Foundation, 2024). In contrast, women with prior HSV infection and no active lesions at the time of birth have a very low transmission risk (<0.1%), largely due to protective maternal antibodies (New Zealand Herpes Foundation, 2024).

Ngā Aratohu | Guidance for Practice

Midwives providing care in Aotearoa are recommended to:

- Normalise sexual health conversations early in pregnancy using respectful, inclusive and non-judgmental communication.
- Identify and respect cultural needs, ensuring discussions align with whānau-centred values and support autonomy and the legal right for health care consumers to have confidentiality. It may be appropriate to have whānau present for discussions around screening, testing and giving of results if the woman consents.
- Take a sexual health history at midwifery booking and offer STI screening aligned with national guidelines and local prevalence. Many STIs are asymptomatic (Workowski et al., 2021).
- Offer routine screening for syphilis and HIV (as part of first antenatal bloods; offer repeat screening in third trimester if risk factors are present.

- Adopt a risk-based approach to screening for herpes, chlamydia and gonorrhoea. Test for cure at 4 weeks, retest at 3 months.
- Communicate results promptly and confidentially, ideally kanohi ki te kanohi (face-to-face), especially if an infection is confirmed.
- Provide or facilitate access to treatment, including referrals to sexual health and obstetric teams for notifiable infections (such as HIV, syphilis and gonorrhoea). Obstetric referral is indicated when a primary herpes infection is confirmed in pregnancy (Te Whatu Ora | Health New Zealand, 2023).
- Support partner notification and treatment to prevent reinfection for the woman.
- Offer follow-up care, including test-of-cure and re-screening when clinically indicated.
- Maintain confidentiality and trust, while meeting public health notification requirements.
- Engage in ongoing education in sexual and reproductive health, and ensure knowledge of guidelines and referral pathways is current. The College offers fully funded eLearning on Syphilis and other STIs in midwifery (available at www.midwife.org.nz)

Partner treatment

Midwives have a responsibility to discuss the importance of sexual partner treatment and provide appropriate support and navigation to access treatment services.

Prescribing treatment for sexual partners is considered expanded practice within the Midwifery Scope of Practice (Te Tatau o te Whare Kahu | Midwifery Council of New Zealand, 2024). Midwives who wish to expand their practice to include this activity need to undertake additional education and maintain their competence to provide this care. To support optimal wellbeing of māmā and pēpē, midwives should always follow the principles of safe prescribing.

Rārangi Tohutoro | References

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Whakamana | Ratification

This statement (uploaded 17/3/26) was ratified at the College's SGM on 31 March 2026. This statement replaces Consensus Statement: Sexually Transmitted Infections Screening, ratified 11 September, 2008.

Arotake | Review - 2030

The purpose of the College guidance statements is to provide midwives, women, whānau and the maternity services with the profession's position on any given situation and provide guidance for practice. This guidance is designed to educate and support best practices and is regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. https://www.midwife.org.nz/midwives/professional-practice/guidance-for-practice/

Tūtohu | Suggested Citation

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