Consensus Statement:

Midwifery Continuity of Care

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

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Tauākī | Statement

The New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa (the College) supports continuity of care as a foundational pillar of midwifery practice in Aotearoa New Zealand. Continuity of care, anchored in relationship, whanaungatanga, cultural safety, and shared decision-making, improves care outcomes, and upholds the mana of women, gender-diverse people, and their whānau throughout pregnancy, labour and birth, and the postnatal period. Continuity of care is essential and central to midwifery-led and collaborative maternity services in Aotearoa.

The College recognises midwifery continuity of care as both an evidence-based model of practice and a foundational element of professional standards and philosophy.

Continuity of care enables midwives to provide holistic, individualised, culturally responsive care across the maternity care continuum. Continuity strengthens midwives' ability to advocate for women and whānau, and supports optimal outcomes. Midwives working in continuity of care models (such as Lead Maternity Carer (LMC) caseloading) experience greater professional satisfaction, stronger emotional wellbeing, and significantly lower rates of burnout compared with midwives working in shift-based settings, demonstrating that continuity of care is not only rewarding for midwives but also contributes to a more sustainable workforce (Dixon et al., 2017).

Te Reo | Language

College statements use words from te reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand. Concepts such as whanaungatanga, mana, hauora, and whakapapa reflect core midwifery values and emphasise the interconnectedness of relationships, family, identity, and wellbeing.

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).

Midwives are required to reflect on their own practice and to engage in ongoing education that strengthens cultural safety and cultural competence (New Zealand College of Midwives, 2025). In Te Ao Māori, health and wellbeing sit within a whakapapa of relationships — connections between people, land, ancestors, and future generations. Continuity of midwifery care aligns closely with this relational worldview, supporting care that is grounded in whanaungatanga, manaakitanga, hauora, and the protection of mana.

Continuity models create opportunities for midwives to work in ways that uphold the mana of each whānau, strengthen cultural safety, and respond meaningfully to diverse cultural values, belief systems, and aspirations (New Zealand College of Midwives, 2025). Over time, relational continuity supports spaces where wāhine and whānau feel seen, heard, and empowered — an essential foundation for equity and respectful care.

Fragmented care, frequent provider change, and lack of relationship undermine trust and effective care for whānau Māori within the health system (Reid et al., 2016). Barriers that result in disengagement with health care include inconsistent provider contact, lack of continuity, and feelings of being unknown or dismissed, all of which undermine mana and trust (Bourke et al., 2023).

Continuity of care upholds Te Tiriti o Waitangi by fostering sustained relationships based on trust, respect, reciprocity, shared knowledge, and informed choice. When midwives work with whānau over time, they build an understanding of whakapapa, whenua connections, and the cultural context that shapes the hopes, challenges, and aspirations of each whānau (Reweti et al., 2023). Relational care (including building whanaungatanga and trust) is a cultural imperative for Māori and their whānau accessing health services (Wilson et al., 2021).

Whakamārama | Background

Continuity of midwifery care is the cornerstone of the Aotearoa partnership model of maternity care, where each woman and her whānau receives care from a known midwife or small group of midwives throughout the maternity journey. This model reflects long-standing midwifery philosophy and aligns with international evidence demonstrating improved satisfaction, reduced intervention, and improved clinical outcomes compared to fragmented care models.

Evidence from Aotearoa and international studies shows that midwifery continuity of care:

- is associated with significantly lower rates of preterm birth and caesarean section, while maintaining comparable rates of perinatal mortality to standard care (Sandall et al., 2024).
- is particularly beneficial for priority populations (including indigenous women and women experiencing social and health inequities). Research has demonstrated a substantially reduced risk of preterm birth among ethnic minority women and those living in deprived areas (Fernandez Turienzo et al., 2025). In Australia, continuity models for First Nations women have been linked to reductions in elective caesarean section and preterm birth, improved breastfeeding, and higher satisfaction with care (Hadebe et al., 2021; McNeil et al., 2024; National Health and Medical Research Council, 2022; Tracy et al., 2013).
- builds trusting, respectful relationships that enhance safety, confidence, and engagement (Dixon et al., 2023).

- supports informed decision-making, protects women's autonomy, and leads to fewer interventions and improved birth outcomes (Sandall et al., 2024).
- improves midwives' professional wellbeing, reduces burnout, and increases job satisfaction (Fenwick et al., 2018).
- has cost benefits for funders and is sustainable for maternity systems (Callender et al., 2024).

In Aotearoa, continuity of care is central to the midwifery Scope of Practice (Te Tatau o te Whare Kahu | Midwifery Council, 2026), the College's Standards for Practice (New Zealand College of Midwives, 2015) and the Council's Standards of Competence (Te Tatau o te Whare Kahu | Midwifery Council, 2024). The Primary Maternity Services Notice (Ministry of Health, 2021) describes the provision of continuity of care within a partnership model that provides safe, equitable, accessible and high-quality care across the maternity journey. It is also a key principle guiding future maternity commissioning and system redesign.

Continuity of midwifery care is a relationship-based model in which each woman and her whānau receives maternity care from a known midwife, or a small group of midwives, throughout pregnancy, labour and birth, and the postnatal period.

Evidence increasingly distinguishes between full-pathway continuity (where a woman receives antenatal, labour/birth, and postnatal care from the same midwife or small group) and partial continuity, where continuity is provided for only some components of care. The AIMS report (2024) found that "full-pathway continuity of carer" was associated with better clinical outcomes, improved relational trust, greater satisfaction with care, and smoother care coordination compared with fragmented or modularised continuity arrangements. These findings are consistent with emerging international research demonstrating that continuity across all phases of the maternity episode produces the strongest benefits for both women and midwives, including lower intervention rates and improved breastfeeding outcomes (Mollart et al., 2025).

Research shows that relational continuity (feeling known, listened to, and supported) strengthens women's confidence and mitigates the disruption of hospital admission, particularly for wāhine Māori accessing care in predominantly non-Māori services (Bourke et al., 2023; Reid et al., 2016). As such, continuity of care is a shared responsibility across the maternity workforce, with core midwives essential to sustaining continuity during periods of clinical escalation, complexity, or transfer.

Continuity of maternity care in Aotearoa is strengthened when core midwives in hospital and birthing unit settings work in ways that maintain coherence of care. International studies show that continuity is improved when hospital-based and community-based midwives collaborate effectively, communicate consistently, and honour the woman's birth plan and established midwife–woman relationship (Martin, 2020). Core midwives contribute significantly to continuity by preserving relational flow during labour and birth, ensuring warm handovers, supporting shared decision-making, and facilitating a cohesive model of care in shift-based contexts. This includes providing care for the same woman across shifts if possible.

Despite its well-established benefits, continuity of midwifery care can be challenged by systemic, workforce, and structural constraints. Midwives offering continuity often carry the emotional, relational, and logistical demands of being on-call, managing unpredictable workloads, and navigating service pressures — factors associated with burnout when not adequately supported (Fenwick et al., 2018). Workforce shortages, high caseloads, and tensions between community and hospital services can create barriers to sustaining continuity models (Dixon et al., 2023).

Fragmented organisational systems, such as inconsistent access to shared electronic records, time-pressured clinical environments, or inadequate support during transfers of care, can further disrupt continuity and impact both safety and satisfaction. These challenges highlight the need for organisational structures and system settings that support manageable caseloads, strong community–hospital relationships, adequate resourcing, and environments that enable midwives to practise relational, culturally safe continuity of care.

> *Midwife-led continuity of care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for women in settings with well-functioning midwifery programmes.*
>
> (World Health Organization, 2024)

Optimal midwifery continuity of care is provided by having one known lead midwife who is supported by a practice partner or within a small group model, who work closely together to protect continuity within a sustainable caseloading model.

Ngā Aratohu | Guidance for Practice

Midwives:

- provide continuity of care across the antenatal, labour and birth, and postnatal periods, wherever possible, and ensure women and whānau understand who may be involved in their care within a group practice model. The College does not endorse intentional and avoidable fragmentation of care.
- support continuity of care within hospital and birthing unit settings by providing relational, informational, and management continuity of care across shifts, maintaining consistent communication, and ensuring women feel known and supported even when multiple midwives are involved.
- strengthen continuity of care by collaborating with the woman's LMC midwife, facilitating the woman's care plan, supporting smooth transitions during admission or clinical escalation, and ensuring information is shared accurately and respectfully.
- embed whanaungatanga by prioritising relationship-building, trust, effective communication, and respect throughout the care journey.
- enable shared decision-making by offering evidence-based information, discussing options and preferences, and supporting the woman's autonomy and informed choice.
- work in ways that are culturally safe, uphold mana, and reflect Tūranga Kaupapa, recognising that continuity of care enhances cultural safety and responsiveness.
- where possible, prioritise full continuity of care across pregnancy, birth and postpartum, rather than fragmenting or subcontracting parts of the maternity episode.
- maintain sustainable caseloads, collaborate within supportive group practice structures, and use locum or backup arrangements to ensure safe, high-quality

continuity of midwifery care and sustainable midwifery practice. The College recommends a full time caseload commitment of 45 women per year.

- recognise that continuity can be protective for midwives, enhancing satisfaction, resilience, and practice sustainability.
- model excellence in continuity of care for student midwives, providing mentorship and placement experiences that reinforce the philosophy and practical realities of continuity of midwifery care.
- advocate for system-level structures (such as equitable commissioning, strong community-hospital interface relationships, and adequate resourcing) that protect continuity across all settings, including hospital environments.
- support continuity of care in situations where there is clinical complexity and collaborative team care is necessary, for example, planned caesarean birth, induction of labour, preterm birth, multiple birth, and other situations where medical involvement is required. Continuity of care does not automatically end when clinical risk increases.

Supporting continuity when there is a change of LMC

There are various situations which may necessitate a change in LMC during the maternity journey. These include:

- Change of LMC because of the **woman's decision**
- Change of LMC because of the **midwife's decision** (e.g. midwife leaving practice, moving away from the area, or subcontracting a module of care)
- Change of LMC because of the **woman's clinical complexity** which requires a transfer of clinical responsibility
- Change of LMC when **rural women** travel to an urban setting to give birth

When a change of LMC is necessary, midwives can uphold continuity of care by engaging in transparent, timely communication and maintaining the woman midwife partnership. The midwife should advise the woman as early as possible of any anticipated change (such as not being available for the postnatal period) and discuss care options that reflect the woman's needs, preferences, and circumstances. Best practice includes offering at least one antenatal introduction with the intended new midwife (where geographically possible), supporting the woman and her whānau to build rapport before the handover. A comprehensive transfer of care (ideally conducted together with the woman and her whānau) supports clinical and cultural safety and the preservation of continuity within the midwifery model.

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Whakamana | Ratification

This statement was ratified at the College's AGM on 29 July 2026.

References were updated October 2026.

Arotake | Review - August 2032

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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