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**Kia ora koutou,**

**The big news in health last month was the release of the Health Workforce Plan 2023/2024. Te Tatau o te Whare Kahu | Midwifery Council welcomes the high priority the Minister of Health has placed on retaining and growing the midwifery workforce in Aotearoa.**

The Health Workforce Plan, released on July 4, describes the changes needed to relieve pressures on the health workforce

so as to improve the care they provide to the public.

These changes will require a system wide approach and Midwifery Council as the regulator for midwives will have a significant role to play.

I would also like to acknowledge the welcome pay increase for

midwives employed by Te Whatu Ora announced in July. I recognise the hard mahi put in by the College of Midwives, MERAS and others who, for many years, have lobbied, negotiated and advocated for equitable pay rates.

**I would also like to acknowledge the appointments of Deb Pittam and Heather Muriwai as (inaugural) chief midwives for Te Whatu Ora and Te Aka Whai Ora.**

There are some changes on the Council Board - after six years, Mahia Winder finished her term. We would like to thank Mahia for her commitment and sharing her extensive knowledge of, and advocacy for, Māori midwifery care and whanau.

The Minister of Health has also advised Council that Kiley Clark (kahu pōkai) and Sue Kedgley (second layperson) have been appointed to the Board effective from 10 July. I look forward to working alongside them over the coming months and years.

**Lesley Clarke**

Tumu Whakahaere me te Pouroki | Chief Executive

**Te Tatau o te Whare Kahu | Midwifery Council hosted a Mihi Whakatau in July to welcome Victoria Roper to the role of Kaiarataki Kahupōkai Matua | Senior Advisor Māori Midwifery**



To contact the office, please call us on 04 499 5040, [email](#) us or contact us through Facebook [Messenger](#) and one of the team will be able to assist you.

# Meet the team - Victoria Roper

Kaiarataki Kahupōkai Matua | Senior Advisor Māori Midwifery

Kia ora koutou,

Ko Victoria Roper tōku ingoa (Ngāti Raukawa ki te Tonga, Ngāti Rarua)

This new position of Senior Advisor Māori Midwifery is an exciting step in the right direction for Te Tahu o te Whare Kahu | Midwifery Council.

It is a big change moving into this space of Te Tatau o te Whare Kahu, I take this role on as a representative and point of connection for the wider workforce of Māori kahu pōkai. My strong belief is that, as a collective, we can have a strong voice and I'm looking forward to seeing how the role grows and evolves over time. The most important aspect of this new job is the opportunity of being involved in work and change that I believe can make a positive impact for whānau Māori and my fellow kahu pōkai. Ngā mihi nui



## Using text messaging safely



Te Tatau o te Whare Kahu | Midwifery Council would like to remind midwives that having clear guidelines around the use of text messaging will assure the people they care for that the best professional practices are in place.

The golden rule is to always communicate effectively, regardless of the mode of communication used. Midwives can't avoid texting, neither would they want to. There are undoubted benefits to using text messaging in midwifery practice.

Used in the right way, texting can:

- Help connect with pregnant people in hard-to-reach communities, and improve these relationships
- Improve care by providing an easy way to send supportive texts to women with particular challenges, for example when trying to quit smoking
- Communicate reassuring test results or reminders about appointments

But remember, texting has limitations and can be unreliable

- Transmission can be delayed, it is hard to know if a message has been received
- Messages don't convey the same depth of information about a pregnant person's condition as a phone conversation or a face-to-face meeting
- They are open to misinterpretation.
- You also don't know if a controlling relative or partner is at the end of the phone
- There can be a security risk if text messages are not given the same privacy and security protection as other medical information
- If a device is stolen, lost or discarded, someone could access the messages
- A midwife cannot be certain that the text is being read by the intended recipient

Make sure to:

Get consent from your client to communicate by text.

Set up a verification process so you need to know the message has been received by the right person.

Make sure text messages are secure and your devices are password protected.

Texting should not be used in an emergency situation.

Set clear boundaries - make sure you both have the same expectations about when and how to use text messages.

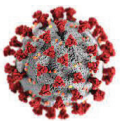
**Remember - texts form part of clinical records**

## 2023 Recertification Audits about to begin

Each year, a percentage of randomly selected midwives are audited as per our Recertification Policy to ensure they are engaging in the Recertification Programme. We will shortly be sending letters to midwives who have been selected for audit, which will take place over August and September 2023.

## Changes to COVID-19 settings

From 14 August, the last remaining mandatory COVID-19 public health requirements were removed.



The wearing of facemasks by visitors in healthcare settings and continuing to isolate if positive for COVID-19 are still strongly recommended. These are important ways we can prevent the spread of respiratory illnesses. People with a high risk of severe illness from COVID-19 are still eligible for treatment with antivirals.

Find out more at [covid-19.govt.nz](https://covid-19.govt.nz), or on the [Te Whatu Ora website](https://www.whatuora.govt.nz).

## Classifications of some medicines are changing

The classifications of some medicines are changing: what this means for you. All regulatory changes described came into force and will need to be adhered to from 1 July 2023 (for fentanyl, zopiclone, zolpidem) and 1 October (for tramadol).

# Health Workforce Plan 2023/2024

Following the release of the Health Workforce Plan 2023/2024 in June, Te Tatau o te Whare Kahu | Midwifery Council was pleased to see the high priority the Minister of Health has placed on retaining and growing the midwifery workforce in Aotearoa.

We welcome that fact the Minister has recognised that retaining midwifery students in education programmes is a key focus.

We know that we need to significantly improve retention in midwifery programmes but we also know that

the reasons are likely to be multifaceted - requiring dialogue with both students and education providers.

Strategies to attract and retain Maori and Pacifica midwives are also critical to grow numbers of students and midwives active in the workforce.

The Council looks forward to continuing to work with the Ministry, Te Aka Whai Ora and Te Whatu Ora to discuss the pathways for midwives from overseas wanting to practice in New Zealand.

As you know, midwifery qualifications vary from one country to the other. In Aotearoa, midwifery is a specialist profession and

midwives undertake a four-year degree before they can be registered and apply for an Annual Practising Certificate.

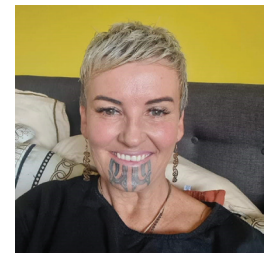
As kaitiaki of midwifery in Aotearoa, the Council wants to ensure that all midwives who work with whānau during their pregnancy and birth journey are appropriately qualified, competent and culturally safe to provide the best possible care to whānau.



The [Health Workforce Plan 2021/2024](#) is available online.



## Whakamātautau Komiti convenes



Amanda Douglas

You will have seen several invitations for expressions of interest for positions on the Whakamātautau Komiti during the year. We appreciate the strong interest from midwives in being part of this Komiti.

We now have all positions filled and would like to take the opportunity to introduce you to the rōpū and the current work priorities.

Members of the Council Secretariat who also attend the hui are: Lesley Clarke, Nicky Jackson, Victoria Roper, and Diana Austin. The current work priorities are:

To identify how required learning that honours Te Tiriti o Waitangi is achieved within pre-registration midwifery programmes in order to ensure clinical and cultural competencies for safe midwifery practice are met.

Whilst the above is under way, we are working to ensure the National Examination is a fair and effective measure of identifying candidates who have not met the competencies for safe practice and to identify any potential gaps in the undergraduate education. We look forward to keeping you updated as our work progresses.

### Members of the Whakamātautau Komiti

Tangata Whenua Co-chair – elected by Tangata Whenua from positions below	Tangata Tiriti Co-chair – elected by Tangata Tiriti from positions below
Experienced midwifery educator Teresa Krishnan	Experienced midwifery educator Lorna Davies
Educationalist for academic assessment Sharon Gemmell	Experienced midwifery educator Ady Priday
Clinically practising midwife experienced in mentoring and clinical assessment Amanda Douglas	Clinically practising midwife experienced in mentoring and clinical assessment Victoria Taylor
Recently graduated and registered midwife Lisa Thompson, Wanaka Noanoa	

## EMA abortion education now available

**In March 2020, changes were made to the primary legislation for abortion.**

These changes largely decriminalised abortion, better aligned the regulation of abortion services with other health services and modernised the legal framework for abortion services in Aotearoa New Zealand. The key changes:

- Allow a woman to self-refer to an abortion service provider.
- Allow a wider range of registered health practitioners to provide abortions (subject to scopes of practice and education).
- Remove the requirement that abortions may only be performed in licenced premises.

Early Medical Abortion (EMA) sits within the Midwifery Scope of Practice and can be carried out from 28 to 70 days after the last menstrual period. An EMA is the evacuation of the uterus using the medicines mifepristone (an anti-progesterone) and misoprostol (a prostaglandin) in early pregnancy. EMA usually occurs in the community, most often in the pregnant person's home.

At its meeting in July, the Council endorsed the New Zealand College of Sexual and Reproductive Health Education package 'Abortion' (Sections 1 and 2) as adequate education for registered midwives to provide safe care for wāhine, women, pregnant people for early medical abortion. Additional midwifery focused, holistic learning will be provided within the next year to accompany this education. The Council does not consider this education as adequate for midwives to undertake early surgical abortion or any second trimester abortion.

### Conscientious Objection

A midwife may have an objection on the ground of conscience to the provision of contraception, sterilisation, abortion services, or associated information/advisory services. That midwife must tell the person requesting those services how to access the contact details of the closest provider of those services.

**Find out more about [education available](#) to midwives who wish to provide EMA services.**



## ***Labour of Love* - memoirs of a midwife**

**Joan Skinner has been a midwife since 1976 - over the years has seen great change, both in the way people are supported to give birth and in the social and political context in which they become parents.**

In her book *Labour of Love* released last month, Joan weaves her own experiences as a midwife into the story of childbirth in Aotearoa. She explores the increasing emphasis on technology and risk management, the return of midwifery autonomy, the re-acceptance of birth at home, and the efforts to create birthing centres embedded in local communities.

This book also examines her work supporting the development of midwifery internationally, especially in countries across Asia, including Afghanistan and North Korea.

Joan has a special connection with the Council office as she was the Masters Supervisor for Senior Advisor: Midwifery Regulation, Nicky Jackson and Midwifery Advisor Jacqui Paine.

*Labour of Love* is a story of a midwife at work. It is a reflection on what it means to be a midwife and a story of the basic connections that are made where new life begins.

## Supervisor responsibility

**Midwifery practice should promote woman-centred care, holistic and integrated assessment, respectful evidence-informed care, professional autonomy, accountability, self-responsibility, professional collaboration, referral if required, ethical and legal care, contextual understanding, quality care and reflective practice.**

In midwifery practice placements, the student is under the direct supervision of a registered, practising midwife (or other registered health professional as appropriate) when providing care to pregnant people and babies.

Students need direct involvement with whanau to learn how to plan, provide and assess the need for, and extent of, midwifery care on the basis of their acquired knowledge and skills. Students are expected to be able to identify the need for referral to another health practitioner/service and to initiate the referral process.

Midwives may not delegate to students the responsibility for provision of clinical care and must always maintain a supervisory role and professional accountability for the provision of clinical care.

Whilst it is essential that students are able to access a full range of practice experiences to achieve the required standards of competence, it is for the midwife to decide whether it is appropriate for a student to undertake clinical tasks in the provision of care to a woman or her baby.

The midwife remains accountable for the appropriateness of any delegation of care and for provision of appropriate supervision and support of the student.

Generally, students should not conduct home visits alone without an experienced midwife present. For final year students, the supervising midwife is physically on hand if required to provide support, assistance and guidance.

So, while the final year student could take a lead role in a labour and birth, or lead an antenatal or postnatal appointment, the expectation is that the midwife is present (in Delivery Suite, home, or clinic) and immediately available if called. Students should not take clinics without a midwife present onsite.