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Tēnā koe Sue

### **Re: Feedback on the Revised Midwifery Scope of Practice 2022**

Please find below the feedback from Capital & Coast and Hutt Valley DHB on the revised Midwifery Scope of Practice.

Firstly, we would like to thank the Midwifery Council and the Collaborative Reference Group (CRG) for the considerable work that has gone into revising the Midwifery Scope of Practice ('scope').

#### Alignment of the scope with Te Tiriti o Waitangi

We fully support the inclusion and application of Te Tiriti o Waitangi within the scope, and the use of mātauranga Māori perspectives and cultural views.

#### Equitable and culturally responsive care

We are pleased to see that the revised scope presents a professional framework, which aligns closely with the need for midwives to provide equitable and culturally responsive midwifery care. The move from cultural competency to culturally safe care is an important transition for the profession and institutions whilst working towards achieving equitable health outcomes.

#### Terms / language

We applaud the full te Reo Māori translation of the revised scope of practice. However, we would like to bring to your attention two words that may require increased explanation and understanding by the sector if they are to be used commonly:

- Kahu pōkai
- Whānau – as a descriptor for wāhine/women/people and as a family group

#### Expansion of the scope

While the intent of an expanded scope is to allow more flexibility to the role of a midwife, there are some key areas which we believe require greater clarity:

- We support the NZ College of Midwives view that *"With no defined time period explaining when a midwife may provide midwifery care in the revised Scope, it is difficult to ascertain the boundaries of clinical practice within which a midwife is authorised to practise."*
- The removal of a time parameters ('pregnancy, labour and the postpartum period up to six weeks') is likely to create complexities for midwives which may have unintended detrimental consequences. From the perspective of midwives practicing in hospitals, the removal of time parameters leaves them vulnerable to redeployment across non-maternity areas which they may not feel appropriately skilled to work in.

- The definitions and educational requirements for the expansion to whānau sexual and reproductive health, preconceptual and infant health and wellbeing, we believe, should be clearly detailed within the competences.
- The use of all infant health, rather than the term newborn changes the timeframe to which care is provided by the midwife. Further clarity is required to this within the revised scope as the definition of an infant is by many in health and educational settings to be up to one year of age.
- For students completing undergraduate midwifery education, expansion of the midwifery scope will require changes to the current undergraduate programme. This could result in significantly longer programme requirements to ensure midwives have the required education to practice across the full scope. Currently there are insufficient numbers of midwives graduating each year so any lengthening of the undergraduate programme would be detrimental.
- For existing midwives, any scope expansion has the potential for midwives to specialise in areas outside of maternity care, further impacting on midwifery workforce shortages.

#### Inclusion of practice settings

The inclusion of practice settings (marae, home, community and hospital) we would like to see re-introduced in the revised scope to protect the provision of midwifery care across all settings.

#### Autonomous practice

The ability for midwives to practice autonomously, rather than under the direction or delegation of medicine or nursing has been a fundamental principle of midwifery in New Zealand since the 1990s.

While it may be the view of the profession that autonomy is embedded in normal midwifery practice, the revised scope does not provide enough clarity of this principle for other health professionals or the general public. Midwives practise 'on their own professional responsibility' and we would support the NZ College of Midwives view that this should continue to be protected within the scope.

Thank you for the opportunity to provide feedback. If you have any questions, please do not hesitate to contact us.

Ngā mihi



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