



**National Council of  
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to the Midwifery Council of New Zealand on  
Midwifery Scope of Practice, Qualifications and Competencies**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

Earlier this year NCWNZ was invited to make a submission regarding "The Scopes of Practice for Nursing". At the time of writing this present submission NCWNZ is also working on a submission for the Podiatrists Board, which like yours and that for the Nursing Council all arise from the Health Practitioners Competence Assurance Act.

In its submission regarding the 'Health Practitioners Competence Assurance Bill', NCWNZ summarised their own policies, laid down over many years, and in particular:

- "(a) the importance of the need for the public to be assured of the competency of health practitioners;
- (b) procedures by which health practitioners will be encouraged, and if necessary, forced to maintain and/or increase their levels of competency; and
- (c) procedures for complaints which allow the complainant to feel s/he has been heard."

These policies NCWNZ regards as being essential to good practice and is pleased to note that this consultation document reflects these.

Members of the Health Standing Committee and other interested parties were asked for their input for this submission. The following is a summary of their comments.

**SPECIFIC COMMENTS**

**2. Draft Midwifery Scope of Practice**

**Q 2a:** Does this scope of practice statement accurately reflect midwifery practice in New Zealand?

Respondents agreed that the scope, as laid out, accurately reflects midwifery practice in New Zealand.

**Q 2b:** What aspects of this scope of practice statement, if any, do you think need to be changed or strengthened?

Respondents felt that there were two aspects that needed to be strengthened:

That the midwife must recognise when skills beyond her level of competence are required and after consultation with the patient seek advice and consult with an obstetrician or other specialist practitioner without delay.





Promotion and support for breast-feeding. It is the natural continuation from pregnancy for the mother to nurture and nourish her infant. Women require strong professional support and community support to succeed in these tasks. When necessary and where possible, the midwife should refer the client to a lactation consultant. It was noted that such people are not in all DHB regions.

**Q 2c:** Are there aspects of midwifery practice that you think are not covered in this scope of practice statement?

Although in Competency 2.21 there is the requirement for the midwife to provide, “the woman with clear information about accessing community support agencies that are available to her during pregnancy and to her, the baby, and family/whanau when the midwifery partnership is concluded.” it was felt that this should be an active role.

Such instances would include the referral for follow-on care, e.g. well baby course, by Plunket or Public Health Nurse between 2-6 weeks; and in the support for immunisation with a referral to the GP at 6 weeks for this programme to commence.

### 3 Qualifications for midwifery registration

**Q 3a:** Please comment on the listed qualifications.

It was agreed that for overseas applicants, registration must be with a recognised overseas regulatory authority. All evidence of language and midwifery skills must be rigorously checked out, particularly with reference to recent news items highlighting the forgery of such documents.

### 4 Competencies for entry to the Register of Midwives

**Q 4a:** Do you think these competencies reflect the midwifery scope of practice?

It was agreed that the competencies listed generally reflect the midwifery scope of practice.

**Q 4b:** How would you change the competencies to better reflect the midwifery scope of practice?

It was felt, particularly by one respondent, that more emphasis should be given regarding the skill needed to teach the art of breastfeeding, to prepare the mother’s breasts and to recognise problems where they could inhibit successful breastfeeding. Not all midwives have the skills to encourage full lactation.

Respondents also feel that it is important that midwives have the competence to recognise and advise the appropriate practitioner about the onset of Post Natal Depression, and to be able to monitor the mental health of the mother.

**Q 4c:** Do you think these competencies provide sufficient evidence of safety to practise midwifery?

It was agreed that the competencies provide sufficient evidence of the Midwifery Council’s intent regarding the safety of midwifery practice.

**Q 4d:** How would you change the competencies to provide sufficient evidence of safety to practice midwifery?

Not applicable (see Question 4c)

**Q 4e:** Do these competencies define and assess cultural competence?

In general respondents agreed that these competencies are not restrictive. Training should include cultural issues.



**Q 4f:** What do you think is required to define and assess cultural competence?

Respondents believe that specific consultation regarding the needs of the appropriate cultural groups should be on going.

NCWNZ thanks you for this opportunity to comment on this consultation document. As the new Midwifery Council of New Zealand we also wish you well and look forward to further dealings with you in the future.

Beryl Anderson  
**National President**

Catherine Gurnsey  
**Convener, Health Standing Committee**