National Council of Women of New Zealand
Te Kaunihera Wahine O Aotearoa

National Office
Level 4 Central House
26 Brandon Street
PO Box 25-498
Wellington 6146
(04) 473 7623
www.ncwnz.org.nz

5 October 2007 S07.45

Submission to the Midwifery Council of New Zealand on Second Scope of Practice Midwifery Assistant

NCWNZ is an umbrella organisation representing 46 Nationally Organised Societies and National Members. It has 28 Branches throughout the country attended by representatives of those societies and some 150 other societies. It also has three satellite groups and three regional consultation groups. NCWNZ is representative of approximately 350,000 women, via its affiliated bodies. 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.

In 2004 NCWNZ made a submission regarding "*Midwifery Scope of Practice, Qualifications and Competencies*". We commented then that an aspect of Midwifery practice that we thought was not covered in that scope of practice statement is that there should be more referral to other community support agencies both during the pregnancy and post natal under competency 2.21. We stated that 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.

Also in our 2004 submission (Q2B) we noted 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. We also recommended that "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".

In response to your current consultation, members of NCWNZ Employment and Health Standing Committees throughout New Zealand were approached, including several Health Professionals who practice within the midwifery field. Owing to the shortage of time for consultation NCWNZ was unable to consult with all our members and nationally organised societies.

NCWNZ acknowledges that the current situation is critical with a 7.7% increase in babies being born, a shortage of midwives and hospital beds, an increase in administration required by practicing midwives and not enough midwives currently in training.

The following is a summary of our respondents' comments.

Specific Comments

Are healthcare assistants currently employed in your local DHB in maternity areas?

Only two responses were received on this – Southland and Auckland. Southland DHB has been upskilling maternity assistants to take non nursing, non clinical roles.

Please list the tasks they undertake

- Assist with preparing room or unit space for admissions
- showering, bed sponging, bathing babies and assisting midwives

- Assist midwife in deliveries as a "2nd pair of hands" and to write notes this could be seen as dodgy! or other supplementary duties as requested
- Assist with discharges – preparing the unit for the next occupancy. (Not cleaning – cleaners employed in this role by contracted service)

What is their title?

- Health Assistant (Auckland)
- Maternity Assistant (Southland)

What education/training do they have to prepare for their role?

On the Unit training full orientation is provided in this Primary Care Setting. There is also mandatory training in Health Safety, Infection Control Principles, back care, as well as basic skills such as making beds, restocking stores and R.M.S.P. There is also training in de-escalation techniques.

How is this provided?

The training is provided by a range of staff including, coordinators and clinical Midwife Managers and Midwives. Also Registered Nurses, Maternity Nurses and Enrolled Nurses currently employed are called upon to provide training.

What ongoing education/training is provided for them?

The training associated with the education programme is planned annually. There is also on-the-job training provided.

How are they supervised?

They are supervised by other trained staff, who report to Manager Maternity Unit.

Please outline reasons why the DHB employs HCAs, if you know

They are employed for the following reasons:

- So that Midwives, R/Ns can perform their roles with some assistance as required.
- Staff Client Activity. More time allocated to direct Centralised Midwifery Care with clients/women
- Southland is short of four lead maternity carers and a lot of midwives are part time
- Southland's new hospital reduced beds from 24 to 18 (14 post and ante natal and four birthing rooms. This is inadequate for the current surge in births)

-

Please describe how you think HCAs have impacted on the maternity/midwifery service in your area

Primary Care Setting – two facilities – Auckland and Huntly Sites.

Do you think the Midwifery Council should prescribe and regulate a second scope for a midwifery assistant?

Responses received were mixed. In the case of the respondents connected to the Auckland and Southland DHBs, they were in favour for the following reasons:

- Due to the current rise in births and predicted births per population statistics may well need this role to be implemented in the near future
- Not all young men/women would be able to study Midwifery due to course length of time or for economic reasons
- Evidence could be gained by consultation with NZCN
- Such people may have been working in hospitals previously and want to upskill while they work. Structured training should be done through a tertiary training education facility.

However feedback from other groups we consulted, indicated they were strongly opposed to the idea. They point out that for a good part of our history Registered Nurses have worked in Obstetrics. They do not need direct supervision from Midwives except in areas such as labour, birth etc and they can work in neonatal areas, Plunket as well. It has been more recent political moves that have driven a wedge between nurses and midwives. At the moment registered nurses are employed in the Obstetric unit generally on a casual basis which is most unsatisfactory. All R/N's are trained in maternity services and as long as they are not deemed a second tier then they already have skills in that area and would be more useful that carers. The midwives' role in NZ at the moment is not sustainable long term. Assist Nurses do not do so well in an acute area which, Obstetrics is. RNs can become Lactation Consultants.

Other respondents observed that this is an attempt to put a bandage on a problem. One DHB board member wrote "If we have a shortage of midwives then we need to look at ways to address that for the future rather than creating some kind of short term solution. I have concerns about some aspects of care that may be provided by people who are only trained for 6 months. There would have to be a tight criterion around what these people could/could not do, their supervision and the provision of ongoing training."

What impact do you think a regulated midwifery assistant workforce would have on the maternity service and on the midwifery profession? Please explain.
It would ease the current staffing crisis but to the detriment of the mothers and babies. Midwifery assistants would be in a similar role to enrolled nurses who used to assist in midwifery and were very valuable members of the team whether in private, maternity or public health service settings. However enrolled nurses and Karitane nurses were dis-established and we wonder if that might happen to midwife assistants in future. What we need is more fully trained midwives. Midwives must be very careful they do not have their role eroded, and lose what they have fought so fiercely for in the first place – autonomy.

What tasks do you think could be carried out by a midwifery assistant?
Respondents felt some of the basic tasks could be assigned to midwifery assistants, such as showering, bed sponging, bathing babies and bathing demonstrations, weighing babies, helping in the birthing rooms at the direction of the attending midwife, assist with parent craft, teach CPR and teaching seatbelt safety. They should not be doing tasks such as lactation, phlebotomy, running clinics, medication administration. NCWNZ has real concerns that if the different roles are not clearly defined, the midwifery assistant role will end up conflicting with and overlapping the role of the midwife. Our members disagreed over whether midwifery assistants should help with breastfeeding

Do you think midwifery assistants should work in Primary/Secondary/tertiary maternity facilities Our DHB respondents were in favour of this suggestion, but our other respondents were not. There was also disagreement over whether midwifery assistants should have a role in homebirth and community postnatal, although they were unanimous that these areas should continue to be the responsibility of Lead Maternity Carers or subcontracted Midwives /LMCs.

How do you think midwifery assistants should be supervised?
Supervision should be the responsibility of the Midwives employed in secondary and primary care setting. Overall the clinical Midwife Manager of the Unit or facility should be ultimately responsible for all supervision provided. One practicing midwife said she would not want the responsibility of supervising an assistant and the prospect of litigation if the assistant overstepped her role and caused harm to mother or baby. It is unclear if these midwifery assistants are to be employed just in institutions or by LMC's?

Do you think midwives need additional preparation for supervision of midwifery assistants?
Respondents felt that was either not a necessity or only that minimal extra preparation was needed.

What content should be included in any training programme (for supervising midwives?)
The respondents suggested mentoring and responsibility for staff management, noting however, that this does come with experience as well. Training in how to recognise at risk families was suggested.

What workplace experience should be included in any training programme?
It was suggested that a full orientation and training package were needed and that most of it should be clinically based with concomitant study.

What should be the length of a training programme?
The preferred length of time was approximately six weeks.

How might the midwifery assistant role and education/training programme staircase into midwifery?
Historically the same as was done in the past with maternity nurses/enrolled nurse programmes. If this were the case the six week course would not be long enough.

Any other comments?
Consensus of opinion is that this Midwifery Assistant role is being established to address the paucity of midwives. In some ways a two tier midwife care as proposed mimics the 1970's when the system depended on 'obstetric nurses' of lesser training working in conjunction with hospital orientated midwives but always within the confines of the hospital. In turn, GP obstetrician assumed all over responsibility but was dependant in turn, on advice when necessary from specialist obstetricians and paediatricians. However at the exhortation of Government and midwives for economic and competitive reasons it was serially disbanded in the '70's. Obstetric nurses were the first to go, and the family doctors were degraded and removed. Now NZ Health is left trying to resurrect obstetric care with a decreasing number of overworked midwives who find the case load and Government book work encroaching on their private and family life, resulting in broken hours and lack of sleep.

Also the Plunket Nurses are highly trained (4 years to Masters level) and under utilised. They often do not get referrals until 6 weeks post natal whereas they have government funding available for the two week intensive post natal follow up as well as antenatal parenting education. Plunket has ongoing contact with mothers and babies for 3 – 4 years and it could lighten the load on the midwives. This is an area which could well be used to effect to relieve the pressure on Midwives.

Our members all felt that the introduction of Midwifery Assistants should never be used as an excuse for lowering levels of other forms of mother and childcare in that very important first five years.

Midwifery degrees are currently only obtainable in the South Island at Christchurch and Dunedin.

The Southern Institute of Technology offers the three year Bachelor of Nursing degree and could also be contracted to provide Midwifery Training under its free fees scheme – both for midwives and for midwifery assistants. It has three midwives currently employed in its School of Nursing and has a longstanding record of 100% pass rates in its final year of nursing training. The

advantage of allowing a third institute such as this to offer full midwifery training is that women in the province who are unable to leave their homes to go further afield for training, can enrol locally, enjoy free fees and after graduating, can seek employment locally too where there is an acknowledged shortage of midwives.

NCWNZ thanks you for this opportunity to comment on this consultation document.

Christine Low
National President

Elizabeth Cruickshank
Convener Employment Standing Committee