

Nau Mai, Haere Mai

Welcome to Aotearoa New Zealand



Te Tatau o te Whare Kahu
Midwifery Council



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Nau Mai Haere Mai | Welcome

*Hutia te rito ō te harakeke, kei hea te korimako e kō?
Ka rere ki uta, ka rere ki tai. Kī mai koe ki au, he aha te mea nui i te ao? Māku e kī atu,
He tangata! He tangata! He tangata!*

*If the heart of the harakeke was removed,
where would the bellbird sing?
If I was asked what was the most important thing in the world
I would be compelled to reply,
it is people, it is people, it is people*

Purpose of this resource

This document is intended as a resource that introduces midwifery in the Aotearoa | New Zealand Maternity system. It is for midwives new to practice in Aotearoa. It also aims to be helpful as a refresher for midwives returning to practice to update their understanding of midwifery practice in Aotearoa. It is intended that you are familiar with the content prior to arriving in Aotearoa. In the work setting you will be able to deepen your understanding when working with a supervisor.

A message from the Co-Chairs

We are delighted that you have chosen Aotearoa New Zealand to work. We hope you enjoy being a midwife in our country and working with whānau to have positive birthing experiences. Aotearoa has a rich history and remains founded on Te Tiriti o Waitangi (Treaty of Waitangi), a partnership between Tangata Whenua (Māori) and Tangata Tiriti (Pākehā or non-Māori). We encourage you to understand our unique country and work with us to improve outcomes for all people.

Ngarangi Pritchard - Co-Chair | Tangata Whenua
Kerry Adams - Co-Chair | Tangata Tiriti



Midwifery in Aotearoa | New Zealand

There are approximately 3300 midwives who are working as a midwife in Aotearoa | New Zealand. Midwives are the main maternity care providers in the Aotearoa maternity service. In 1990, midwifery regained its standing as an autonomous profession (Nurses Amendment Act). Almost 90% of wāhine | women have a midwife as their Lead Maternity Carer (LMC) (MOH, 2019). There is one general Scope of Practice that midwives are registered into.

Midwives work in a variety of settings and in several roles. Around 60% of midwives are currently working in employed positions known as Core Midwives (Midwifery Council, 2023). In these roles they work with pregnant, birthing, and postnatal wāhine/people, and pēpe who attend hospitals or primary birthing centres for their pregnancy, labour, birth, and postnatal care. Midwives also work in the community as LMC's providing continuity of care to pregnant wāhine/people and pēpe throughout their pregnancy.

A LMC is the health professional responsible for organising maternity care for a pregnant, birthing and postnatal wāhine/people, and their whānau and for developing a care/birth plan with them. It may be a midwife or doctor.

Midwives in all capacities can provide care on their own responsibility, however all have the skills to work in collaboration with other health professionals when required to ensure the pregnant wāhine | woman /person, their pēpe and whānau receive the care they need.

Midwives are also employed in roles as educators, regulators or in the provision of policy advice that impacts on care received by wāhine, their pēpe and whānau.

In Aotearoa, midwifery services are provided free of charge across the spectrum of care, from primary and community, to hospital and specialist settings.

Regulation of Midwifery - Role of Te Tatau o te Whare Kahu | Midwifery Council

The profession is regulated by Te Tatau o te Whare Kahu | Midwifery Council (the Council) as required by the Health Practitioners Competence Assurance (HPCA) Act 2003. This Act requires the Council to:

- Define the Midwifery Scope(s) of Practice and prescribe the qualifications required of registered midwives
- Accredited and monitor midwifery educational institutions and programmes
- Maintain a public Register of Midwives
- Issue practising certificates to midwives who maintain their competence
- Establish programmes to assess and promote midwives' ongoing competence
- Deal with complaints and concerns about midwives' conduct, competence, and health
- Set the midwifery profession's standards for clinical and cultural competence and ethical conduct, including competencies that will enable effective and respectful interaction with Māori
- Promote education and training in midwifery
- Promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services
- Promote public awareness of the Council's responsibilities



Role as a Kahu Pōkai | Midwife

The Competencies for Entry to the Register of Midwives detail the skills, knowledge, and attitudes expected of a kahu pōkai to work within the Midwifery Scope of Practice. Where the Midwifery Scope of Practice provides the broad boundaries of midwifery practice, the competencies provide the detail of how a registered kahu pōkai is expected to practise and what she is expected to be capable of doing. By defining the minimum competence standards for registration as a kahu pōkai in Aotearoa, the Council has established the minimum standard that all midwives are expected to maintain in their ongoing midwifery practice.

There are four competencies:

| | |
|-------------------------|--|
| Competency One | The midwife works in partnership with the woman/wahine throughout the maternity experience |
| Competency Two | The midwife applies comprehensive theoretical and scientific knowledge with the affective and technical skills needed to provide effective and safe midwifery care |
| Competency Three | The midwife promotes practices that enhance the health of the woman/wahine and her family/whanau and which encourage their participation in her health care |
| Competency Four | The midwife upholds professional midwifery standards and uses professional judgement as a reflective and critical practitioner when providing midwifery care |

The performance criteria for each competency can be found on the [Te Tatau o te Whare Kahu | Midwifery Council website](#).



Current models of practice

Partnership

Midwifery partnership is at the heart of cultural competence, and it defines midwifery practice in Aotearoa. A midwifery partnership is the relationship between a pregnant wahine/person, their whānau and their kahu pōkai during the experience of pregnancy and childbirth. The relationship is centred on respect and trust, power sharing, and the recognition of the impact of this on whole communities. There must be acknowledgement of both partners' equality and their reciprocal relationship. The cultural beliefs and values of both the pregnant wahine/person and the kahu pōkai are acknowledged. Midwifery care is negotiated between both partners to incorporate important cultural values, and decisions are informed and balanced. While control and responsibility are shared, the kahu pōkai never revokes their professional responsibilities.

“Midwifery partnership is actively practised and initiated by the midwife, but it is negotiated with the woman. It remains a relationship of sharing between the woman and the midwife that is built on trust, mutual understanding, and shared control and responsibility” (Guilliland, 2010, p. 70).

Tūranga Kaupapa

Tūranga Kaupapa, is a guideline on the cultural values of Māori and for midwifery practice. In 2006, the Council and New Zealand College of Midwives adopted this as one mechanism to give life and meaning to the midwifery profession's recognition of Māori and Tangata Whenua and the professions obligations under Te Tiriti o Waitangi.

| Turanga Kaupapa, developed by Ngā Maia are included as the cultural framework which guides midwives practice | |
|--|--|
| Whakapapa | The wahine and her whānau is acknowledged |
| Karakia | The wahine and her whānau may use karakia |
| Whanaungatanga | The wahine and her whānau may involve others in her birthing programme |
| Te Reo Māori | The wahine and her whānau may speak Te Reo Māori |
| Mana | The dignity of the wahine, her whānau, the midwife and others involved is maintained |
| Hau Ora | The physical, spiritual, emotional and mental wellbeing of the wahine and her whānau is promoted and maintained |
| Tikanga Whenua | Maintains the continuous relationship to land, life and nourishment, and the knowledge and support of kaumatua and whānau is available |
| Te Whare Tangata | The wahine is acknowledge, protected, nurtured and respected as Te Whare Tangata House of the People |
| Mokopuna | The mokopuna is unique, cared for and inherits the future, a healthy environment, wai u and whanau |
| Manaakitanga | The midwife is a key person with a clear role and shares the wahine and her whanau the goal of a safe, healthy, birthing outcome. |

Professional Bodies for Midwifery

Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa | New Zealand College of Midwives (NZCOM)

The New Zealand College of Midwives (the College) is the professional organisation for midwifery. Members are employed and self-employed and collectively represent over 95% of the practising midwives in this country. College membership also includes student midwives, consumers, and other professionals.

The College supports and represents members by providing:

- Professional guidance (including Standards of Practice, Code of Ethics, and Philosophy)
- Consensus statements and clinical practice guidance documents
- Midwifery-led research
- Professional advice and information
- Professional indemnity insurance for practising members (employed and self-employed midwives)
- General and Statutory Liability insurance (for self-employed midwives)
- Ongoing education and professional development for midwives (including workshops, e-learning, webinars, the Joan Donley Research Forum, and the biennial conference)
- Professional support and mentoring
- Facilitating the Midwifery First Year of Practice programme
- Representation of multi-disciplinary guideline development groups and other collaborations
- Publications, resources, an academic journal, and a quarterly magazine.
- Quality assurance programme (Midwifery Standards Review, consumer feedback, Resolutions support)
- Find Your Midwife website

Being new to the Aotearoa midwifery workforce, we recommend that you become a member of the College and connect with your local College region. Each region hosts regular meetings to discuss local issues, representation, and professional matters. The regional chairperson is your representative on the College's National Board.

You will find full details and many resources on the [College website](#).

The College has also established a midwives' union, the Midwifery Representation Advisory Service (MERAS) and encourages employed midwives to join MERAS.

The Midwifery and Maternity Provider Organisation (MMPO) which provides practice management support for self-employed midwives. We encourage self-employed midwives working as LMCs (Lead Maternity Carers) also to join MMPO.

Ngā Maia Māori Midwives ō Aotearoa

Ngā Maia was formed in 1993 by Māori midwives, midwifery tutors, and their students, to address the inconsistencies in maternity services for Māori in Aotearoa.

Registered as a charitable trust in 1994, Ngā Maia became recognised in maternity circles as the 'voice' for Māori. By 2008 its role was endorsed by the Te Tatau o te Whare Kahu | Midwifery Council, NZCOM, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

Ngā Maia is committed to Māori birthing practices that promote the health and well-being of whānau. To whakamana and nurture kahu pōkai/kaiwhakawhānau in providing holistic, sustainable, quality care steeped in tikanga Māori. Their values are Mana Motuhake, Whanaungatanga, Manaakitanga, and He Taonga Tuku Iho. Visit [their website](#) to learn how Ngā Maia supports retention and recruitment of the Māori midwifery workforce, promotes, and protects tikanga values of traditional Māori birthing and parenting knowledge and Māori whānau to achieve an equitable, clinically, and culturally safe birthing and mothering experience.

Comparison of Regulatory body and Professional bodies

Although separate organisations, the role of Te Tatau o te Whare Kahu | Midwifery Council (the Council) and NZCOM (the College) are complementary. The Council provides the regulatory framework and the College, the professional framework. Ultimately the roles are to ensure midwives are competent practitioners providing safe care to pregnant wāhine/people and pēpe.

The regulatory and professional framework of Aotearoa New Zealand midwifery services

| | | |
|--|--|---|
| Regulatory Framework Te Tatau o te Whare Kahu Midwifery Council | Regulates midwifery by: <ul style="list-style-type: none">• Defining Scope of Practice• Approving and monitoring pre-registration education programmes• Registering midwives• Issuing Practising Certificates• Setting regulatory standards for clinical and cultural competence and ethical conduct• Setting ongoing competence programmes | Monitors by: <ul style="list-style-type: none">• Portfolio assessment against competencies• Continuing midwifery education• Professional activities• Receiving and acting on notifications• Monitoring and accreditation visits |
| Professional Framework Te Kāretī o ngā Kaiwhakawhānau ki Aotearoa New Zealand College of Midwives Ngā Maia | Sets professional framework through: <ul style="list-style-type: none">• Midwifery philosophy• Code of Ethics• Standards of Practice• Midwifery education framework• Midwifery Standards Review process• Tūranga Kaupapa | Develops profession by: <ul style="list-style-type: none">• Reflective practice• Continuing education• Professional activities• Resolution and support processes• Workforce programmes• Peer support and mentoring |

Schools of Midwifery

There are five schools where students can undertake pre-registration midwifery education. All these Schools also provide post graduate education for midwives. The list of schools can be found [HERE](#). The Council regulates the education providers and their midwifery programmes.

Te Tiriti o Waitangi | Treaty of Waitangi

Te Tiriti o Waitangi | The Treaty of Waitangi is a document of central importance to the history of Aotearoa, and our constitutional obligations. It has played a major role in the treatment of the Māori population in Aotearoa by successive governments and the wider population, a role that has been especially prominent from the late 20th century.

It is important that you enrol in a [Te Tiriti o Waitangi course](#) as soon as possible to understand this important legal document underpinning Aotearoa.

New Zealand Health System

Manatū Hauora | Ministry of Health

“Manatū Hauora is the chief steward of the health system”

They have a regulatory function within the health and disability system which includes administering legislation and associated regulations. There are many directorates and business units within Manatū Hauora with each having its own responsibilities. A key function is to achieve equity and address racism in health care. Visit [their website](#) to learn more.

Achieving equity in health

Despite being such a small country (5.12 million population), we have a wide variety of health outcomes depending on factors such as ethnicity, disability, and the region a person lives in.

Watch the video [HERE](#) to gain an understanding of how equity can be achieved and your role as a health professional in Aotearoa.

You can access further information about clinical indicators and outcomes in the data presented in Appendix 1 and the documents via the following links;

- [Fifteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting Mortality and Morbidity 2020](#)
- [Maternity Clinical Indicators](#)

Changes to legislation to improve equity

In 2022 the Pae Ora | Healthy Futures Act was passed. It is a strategy for all New Zealanders that sets the direction for a health system that is equitable, accessible, cohesive, and people centred. The purpose of this Act is to provide for public funding and provision of services in order to—

- (a) protect, promote, and improve the health of *all New Zealanders*; and
- (b) *achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori*; and
- (c) *build towards pae ora (healthy futures) for all New Zealanders*.

Midwives work under Section 94 of the Pae Ora | Healthy Futures Act.

There are five intentions of the new Act that are summarised in this [short video](#). Please read [HERE](#) for further information.



Te Whatu Ora | Health New Zealand

The following description of Te Whatu Ora's role is taken from [their website](#):

- Established on 1 July 2022, Te Whatu Ora leads the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional, and national levels. It weaves the functions of the 20 former District Health Boards into its regional divisions and district offices, ensuring continuity of services in the health system.
- Te Whatu Ora manages all health services, including hospital and specialist services, primary and community care. Hospital and specialist services are planned nationally so they can be delivered more consistently across the country. It also manages national contracts.
- Primary health, wellbeing, and community-based services are planned and then purchased through the four regional divisions of Te Whatu Ora. Each region works with their district offices, located closer to local communities, to develop and implement plans based on local needs to improve the health and wellbeing of communities.
- Te Whatu Ora is also responsible for improving services and outcomes across the health system. We do this in partnership with Te Aka Whai Ora - Māori Health Authority.

Te Aka Whai Ora | Maori Health Authority

“Leading and monitoring transformational change for the hauora health and wellbeing needs of whānau Māori”

Watch [THIS](#) video to understand more about Te Aka Whai Ora, or visit [their website](#).

Kahu Taurima

Kahu Taurima is the joint Te Aka Whai Ora and Te Whatu Ora approach to maternity and early years (pre-conception to 5 years old, or the First 2,000 Days of life) for all whānau in Aotearoa.

In Aotearoa we have more than 60,000 babies born each year - so over 60,000 opportunities to support a healthier future for whānau.

Evidence shows that by investing in whānau antenatally and in the early years of life we can make the biggest difference to lifelong, and intergenerational, wellbeing. Most brain development happens in the early years and is influenced by the environment in which tamariki are nurtured.

Mātauranga Māori, along with conventional published evidence, supports investment in and for the first 2,000 days so every child gets the strongest start to life. This means we must support families welcoming and raising babies during these first 2,000 days.

Read more about Kahu Taurima | Maternity and early years [HERE](#).



Other important information

Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines)

The guidelines provide midwives and other health practitioners with a list of conditions and criteria about referring pregnant, birthing and postnatal wāhine/people and pēpe for consultations with other clinicians, transferring clinical responsibility for care to specialists as well as transferring care in emergencies. You can find the full document [HERE](#).

The Referral Guidelines are based on best practice and are informed by available evidence, expert opinion, and maternity service delivery in Aotearoa. They sit alongside other relevant clinical guidelines and should be read in conjunction with [Ngā Paerewa Health and Disability Services Standard NZS 8134:2021](#) (Ngā Paerewa) and the corresponding sector guidance for birthing units and district health board (DHB) in-patient / private hospital services. The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 legislation is also relevant. Together, these documents provide a suite of information about best-practice maternity service provision.

Funding of maternity services

Most maternity care is free for women who meet the criteria as outlined [HERE](#). There may be charges for antenatal or childbirth education classes, and some tests at a private laboratory. There may also be charges for ultrasound scans. Private obstetricians and private maternity hospitals will also charge a fee.

Provided they meet the eligibility criteria above, pregnant wāhine/people are eligible for the following maternity-related services:

- primary maternity services within the meaning of clause B1 of the Primary Maternity Services Notice 2007 (see Primary maternity services below) AND
- all maternity services provided by Regional Health Authority AND
- any other secondary or tertiary services for a condition of the mother or child that a clinician has determined will significantly impact on the pregnancy or its outcome.

As mentioned above, these services are funded to ensure that the child of an eligible person has the best chance of being healthy. However, recognising that not all pregnancies are viable, the above definition of maternity-related services includes ectopic pregnancies, miscarriage services, pre-eclamptic toxemia, eclampsia, and terminations of pregnancy for foetal abnormalities.

The Primary Maternity Services Notice 2021

The [2021 Notice](#) sets out the service specifications and payment rules for remuneration of those practitioners with an authorisation to claim for the provision of community-based primary maternity services. Amendments were made in 2023.

Midwives who provide community based services claim for payment under this notice.

Accident Compensation Corporation (ACC)

In New Zealand, everyone, including visitors are covered by ACC's no-fault insurance scheme for injury due to an accident. ACC covers Adults, students, children, and beneficiaries, irrespective of whether they are retired, working, or unemployed. ACC can provide help at home and work, help with income if you cannot work due to injury, and payments towards treatments. ACC does not cover illness.

Find out more about ACC [HERE](#).

Information on claiming for maternal birth injuries can be found [HERE](#).

Te Tāhū Hauora | Health Quality and Safety Commission (HQSC)

Te Tāhū Hauora is a clinically focussed crown entity, established in 2010. Te Tāhū Hauora aims to ensure systems and processes are in place for safe and high-quality health care for all New Zealanders. Te Tāhū Hauora supports learning from mistakes to prevent recurrences. New Zealand's four mortality review committees come under the umbrella of Te Tāhū Hauora. These are;

- the Child and Youth Mortality Review Committee
- the Perinatal and Maternal Mortality Review Committee
- the Perioperative Mortality Review Committee
- the Family Violence Death Review Committee.

Te Tāhū Hauora provide advice, guidance, and training to support quality health initiatives such as care planning, service delivery, infection control and delivery systems, etc.

They develop tools and training to improve the quality of health service delivery. You can find out more about this on [their website](#).

Perinatal and Maternal Mortality Review Committee (PMMRC)

The recommendations from the PMMRC's 15th annual report are available online and we recommend you read the summary. It includes how they can be implemented and exemplars from those who have put them into action, including midwifery. You can also watch the webinar

[Ka awatea: A new dawn – PMMRC recommendations in action](#).

National Adverse Events Reporting Strategy

In an aim to improve the quality safety and experiences of health and disability services across Aotearoa, Te Tāhū Hauora and HQSC developed an adverse event reporting policy. In July 2023, an updated adverse events reporting strategy (found [HERE](#)) came into effect. Reporting of adverse events relates to the severity of the outcome for the individual concerned. Severity assessment codes (SAC) have been developed. These range from the most severe outcomes as SAC 1 through to near misses with no actual injury as SAC 4. You can find more information [HERE](#).

The revised policy encourages consumers, whānau, and providers to work in partnership to understand and learn from harm. Te Tāhū Hauora is working in partnership with the Te Ngāpara Centre for Restorative Practice Victoria University of Wellington, and the National Collaborative for restorative practice and te rongo (peace-making from the Māori worldview) within the health and disability system.

A list of 'Always Report and Review' events can be accessed [HERE](#). Health practitioners are encouraged to consider the actual outcome for the individual and input from the consumer regardless of whether an event appears on this list.

Watch the 15-minute video [Pou hihiri, Pou o te aroha | Healing and learning from harm](#) to help you understand how a restorative approach can help those affected by a harmful event to heal and learn.

Midwifery and adverse events

Te Tāhū Hauora recognises NZCOM as promoting quality standards for New Zealand midwives. They include certain practice recommendations with associated evidence for New Zealand midwifery (found [HERE](#)).

Austin, Smythe and Jull (2014) explored the implications of adverse events on the wellbeing of midwives. They found that midwives experienced significant distress and self-questioning following an adverse event. Their work resulted in the development of an eBook Support tool which you can access [HERE](#).

National Maternity Monitoring Group (NMMG)

The NMMG was established in 2012 as an advisory group to the Director-General of Health and is funded as part of the Maternity Quality Initiative. The NMMG provides oversight and review of national maternity standards, analysis and reporting. They provide advice to the Ministry of Health and district health boards on priorities for improvement in maternity services.

The NMMG was created as part of the Maternity Quality Initiative, which is made up of:

- A national Maternity Quality and Safety Programme, including maternity standards and clinical indicators.
- Revised Maternity Referral Guidelines, which set out processes for transfer of care, including in an emergency.
- Standardised, electronic maternity information management to improve communication and sharing of health information among health practitioners.
- Improved maternity information systems and analysis so that there is better reporting and monitoring of maternity services.

Maternity Quality Safety Programme (MQSP)

The MQSP brings together clinical staff, consumers, and wider stakeholders to collaboratively monitor and improve maternity care.

The Ministry of Health launched the MQSP in 2011 as part of its Maternity Quality Initiative; this included the launch of the national maternity standards and clinical indicators. The New Zealand Maternity Clinical Indicators are benchmarked data for each locality region and secondary/tertiary maternity facility showing key maternity outcomes. The purpose of the indicators is to increase visibility of the quality and safety of maternity services and to highlight areas where quality improvement could be made. Click [HERE](#) to view the indicators.

Health and Disability Commission (HDC)

The role of the HDC is to ensure that consumers rights are protected as they engage with health services. The 10 Rights are listed below. You will see them displayed in all health services.

- Right 1: The right to be treated with respect.
- Right 2: The right to freedom from discrimination, coercion, harassment, and exploitation.
- Right 3: The right to dignity and independence.
- Right 4: The right to services of an appropriate standard.
- Right 5: The right to effective communication.
- Right 6: The right to be fully informed.
- Right 7: The right to make an informed choice and give informed consent.
- Right 8: The right to support.
- Right 9: Rights in respect of teaching or research.
- Right 10: The right to complain.

Their job is to ensure that consumers receive care to this standard, which includes from midwives. If they receive a complaint they will investigate to assess whether one of the above rights has been breached.

The full Code of Health and Disability Services Consumer Rights can be viewed [HERE](#). We also encourage you to watch the following [short video](#).

Gaining a Practising Certificate in Aotearoa - what you need to know

To practice in Aotearoa as a kahu pōkai you must hold an Annual Practising Certificate (APC) before your first day of work.

All overseas midwives will:

- Work as an employed kahu pōkai or a Lead Maternity Carer in an established group practice*
- Undergo education to be able to prescribe medicines
- Be supported in practice and be provided with supervision for six months
- Complete a competence programme (within six months) which includes the following modules:
 - Pharmacology and Prescribing for Midwives
 - Examination of the Newborn (Theory and Practical)
 - Cultural Competence
 - Te Tiriti o Waitangi | Treaty of Waitangi
 - Growth Assessment Protocol (GAP)

* As you work through the programme's requirements, you will be supported to meet all aspects of the scope.

On your Scope of Practice these conditions will appear as:

- May not prescribe medicines
- Must complete an approved competence programme within 6 months from issue of first practising certificate
- Must practice under supervision

As you meet each condition, they will be removed from your Scope.

Alongside the above education, you will have the support of a Clinical Coach who you will meet with monthly for approximately six months. A Clinical Coach provides education and support in the clinical work place. These meetings are an opportunity for you to debrief, reflect, and seek support for your midwifery practice in New Zealand. For further information please contact

education@midwiferycouncil.health.nz

What you need to provide

To obtain your APC you need to supply the following to the Programmes Officer at the Midwifery Council (education@midwiferycouncil.health.nz)

- A signed copy of the appendices that accompany your registration email.
- Completion of the Cultural Competence course
- Formal evidence of employment in New Zealand

What you need to do

Once you have supplied the required documents as above, your ability to apply for your APC will be enabled. Follow the directions on your registration email to apply for your APC.

Recertification Requirements

The Council is required by the Health Practitioners Competence Assurance (HPCA) Act to ensure that midwives continue to meet the competencies for practice as a kahu pōkai each year before reissuing practising certificates. To satisfy the Council, all midwives must participate in the Midwifery Council Recertification Programme (Continuing Professional Development).

Read about the Councils recertification requirements [HERE](#).

Indemnity insurance

All midwives are strongly recommended to have professional indemnity insurance, and Te Whatu Ora requires it of all LMC midwives who hold an access agreement to a maternity facility. Indemnity providers for midwives including NZCOM can be found [HERE](#).

Education courses that are strongly recommended

There are numerous education providers for midwives in Aotearoa New Zealand. Te Whatu Ora, National Screening Unit and NZCOM are some providers. We recommend the following courses to help you explore and understand the systems and processes related to maternity care in Aotearoa.

National Screening Unit (NSU)

The NSU is responsible for developing, managing, and monitoring nationally organised population-based screening in New Zealand. These courses provide education for health professionals and relate to maternity and care of the newborn.

Courses: Learn Online Ministry of Health (search screening) [HERE](#)

- Quality Improvements in Antenatal Screening for Downs Syndrome and other Conditions
- Newborn Metabolic Screening Programme
- Universal Newborn Hearing Screening
- Screening Principles and Practice
- Human Papillomavirus (HPV)

HIV Screening Course

This course was developed in New Zealand with contributions from people living with HIV and others who have experience within the HIV sector. Find the link to the course [HERE](#).

Update on Immunisation schedule (including Hepatitis B programme)

The course 'Introduction to Immunisation' can be found [HERE](#), including [Hepatitis B](#). It includes essential facts about immunisation and vaccines in New Zealand.

Growth Assessment Protocol Education (GAP)

A 3-hour workshop which covers risk assessment for Small for gestational age (SGA), once SGA is suspected/diagnosed. Updates available online. Find the link to the workshop [HERE](#).



Kupu Māori | Māori words

The Māori language is very much part of everyday life in Aotearoa, people's names, place names and in conversation. You will need to learn to pronounce the words correctly. We have included a small glossary here to assist. Also have a look at the video showing how to pronounce the vowels. Māori is much easier than English as the vowels stay the same! Here is a [short video](#) to get you started on your pronunciation. There are many more online, as well as courses you can enroll in for free in Aotearoa.

The important word to practice, is how to say Māori. Watch [this video](#) for some help.

Te Reo Māori

Below are the Māori words that all midwives in Aotearoa are expected to know.

| e reo Māori | Meaning |
|-------------|---|
| hapū | pregnant |
| kahu pōkai | midwife |
| māmā | mother, mum |
| mokopuna | grandchild/grandchildren |
| pāpā | father, dad |
| pēpē | baby (noun) |
| pēpi | baby |
| Pēpi-pod | Portable, safe sleeping device |
| tāne | husband, male, man |
| wahakura | woven flax basket used as a sleeping devise |
| wahine | woman |
| wāhine | Women (plural) |
| wai ū | breast milk |
| whānau | family |

Nā to rourou, nā taku rourou, ka ora ai te iwi

With your food basket and my food basket, the people will thrive.

(As we work together collaboratively, we will all flourish)

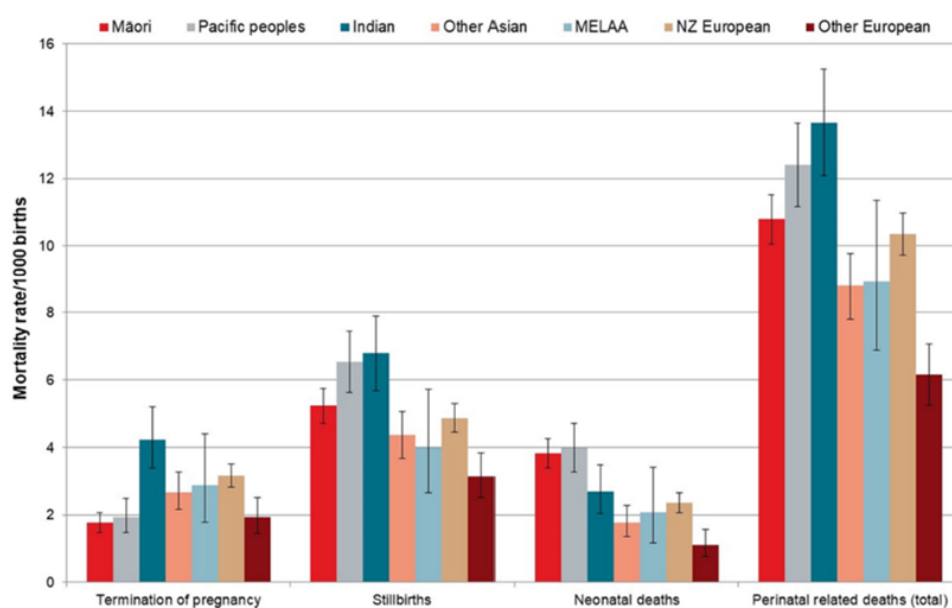
Appendix One

Maternity Outcomes in New Zealand

As mentioned in the video, a key to addressing inequity is to acknowledge that it exists. New Zealand has an excellent data collection for perinatal outcomes.

The graph below shows ... “Over this period, higher rates of stillbirths occurred for babies of Pacific and Indian mothers, compared with babies of New Zealand European mothers. Similarly higher rates of neonatal deaths occurred in babies born to mothers of Māori and Pacific ethnicity, compared with those born to New Zealand European mothers.”

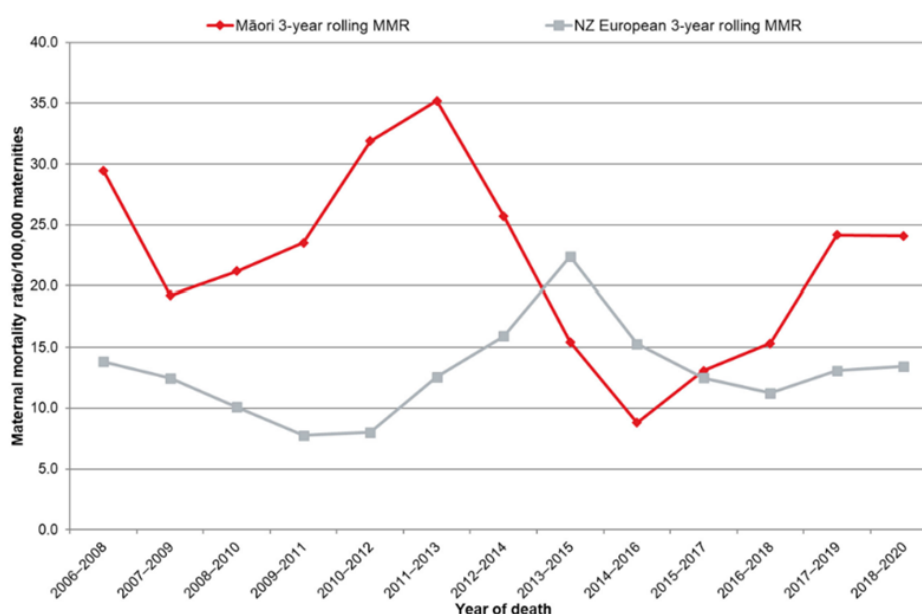
Figure 3.2: Perinatal related mortality rates (per 1000 births, with 95% CIs) by maternal prioritised ethnicity 2016–2020



(Perinatal and Maternal Mortality Review Report, 2022, P. 21 & 22)

When comparing Māori and European maternal mortality the disparity is clearly seen in the graph below.

Figure 5.3: Maternal three-year rolling mortality ratios (per 100,000 maternities) by prioritised ethnic group (Māori and New Zealand European) and year, 2006–2020



MMR = maternal mortality ratio.

(Perinatal and Maternal Mortality Review Report, 2022, P. 94)