

February 15, 2024

Hon Dr Shane Reti,  
Minister of Health

Dear Minister,

**Re: Changes to the Midwifery Scope of Practice**

Speak Up for Women (SUFW) is an advocacy group focused on the protection of women and girls' rights, language, and spaces. We host a discussion group where 250 women participate, including mothers and midwives.

We are writing to bring to your attention our concerns regarding the changes to the Midwifery Scope of Practice (MSP), due to be implemented on July 1st, 2024.

The changes introduced by the Midwifery Council (MC) include removing the words *woman*, *mother*, and *baby* from the scope of practice; and a changing the focus of the MSP from “*working in partnership with the woman*”<sup>1</sup> to “*meeting the needs of the whānau*”<sup>2</sup>. These are remarkable changes to the MSP.

SUFW is concerned that these fundamental changes to the MSP will create conflicting priorities for midwives, decentering women from their practice, and resulting in worse health outcomes for pregnant and birthing women and their babies.

Our concerns

**1) Conflicting priorities: the New Zealand Code of Health and Disability Services Consumers' Rights (*The Code*)<sup>3</sup>.**

*The Code* contains ten rights that are available to each person *as an individual* to ensure the protection of their privacy and autonomy to make decisions related to their health care.

*The Code* gives a woman, and only her, the right to make decisions concerning her pregnancy and birth. The changes to the MSP are effectively removing the rights of an individual woman to

---

<sup>1</sup> [Midwifery \(Scope of Practice and Qualifications\) Notice 2010](#)

<sup>2</sup> [Te Tatou o Te Whare Kahu – Midwifery council Scope of practice Feedback on draft March 2023](#)

<sup>3</sup> [Code of Health and Disability Services Consumer's Rights](#)

make decisions about her pregnancy, birthing experience, and breastfeeding, to prioritise the preferences of her family or whānau.

There are numerous situations where it is vital that the midwife's working relationship and focus is with the mother, the woman giving birth:

- **Confidentiality:** how much information can/should the midwife share with the whānau? According to The Code, nothing can be shared without the express permission of the individual.
- **Hostile environment:** without the support of a midwife how can a woman stand up to her whānau to achieve the kind of birthing experience that she wishes and/or needs?
- **Cultural differences:** a woman may have vastly different ideas regarding her birthing experience and pregnancy than her whānau - whose views will be prioritised and supported?
- **Domestic violence:** how can a midwife screen for safety issues when she may not even be able to visit with her client alone?

## 2) Lack of support for the proposed changes.

During the consultation phase, the Midwifery Council (MC) received four hundred submissions.

The MC reported<sup>4</sup> that **90% of these submissions were negative** (this includes 10% negative submissions from midwives); 5.2% were positive but raised concerns about the changes, and only 3.7% of the submissions were positive.

The MC's report identified common themes in the submissions that have not been addressed and cannot be ignored:

- The changes lacked clarity and failed to clearly describe the procedures, actions and processes that are permitted to be undertaken in terms of the midwifery profession.
- Why the word woman had been removed and the word whānau introduced in the MSP.
- Confusion regarding the use of te reo and the lack of reasoning behind the usage of two languages.
- Lack of description regarding education and outcomes.

## 3) Implications of removing the words woman, mother, and baby from the MSP.

While we understand that removing the words *woman*, *mother*, and *baby*; and using the word whānau instead of woman is presented as a move towards a more inclusive approach to midwifery, this changes in language and scope of practice devalues the importance of protecting

---

<sup>4</sup> [Te Tatau o te Whare Kahu Midwifery Council – Scope of Practice Feedback – March 2023](#)

the mother-child dyad. **Pregnant and birthing women and their babies are particularly vulnerable and require adequate protection.**

The change of language in the MSP fails to acknowledge that “*women have unique experiences, needs and rights in relation to pregnancy, birth, and breastfeeding that are not shared with others*” (Gribble Karleen D., 2022)<sup>5</sup>. This particularly important in situations of family and sexual violence and when the health of the mother and/or baby are at risk.

Removing the word *woman* from the MSP creates a barrier for the midwife to adequately support and advocate for the wellbeing of a woman, and to support her in making autonomous decisions during the pregnancy, birth and breastfeeding periods.

## Our request

Because of the conflict between The Code and the MSP, we believe that the MSP should be rejected by the Ministry of Health.

We ask the Minister to request the Midwifery Council to design a new MSP based on the feedback received and to ensure that the existing MSP<sup>6</sup> remains in force, with its focus on working in partnership with women, until a new scope of practice can be completed.

*Ngā mihi,*

*Suzanne Levy*

*Speak Up for Women*

---

<sup>5</sup> Gribble KD, Bewley S, Bartick MC, Mathisen R, Walker S, Gamble J, Bergman NJ, Gupta A, Hocking JJ and Dahlen HG (2022) [Effective Communication About Pregnancy, Birth, Lactation, Breastfeeding and Newborn Care: The Importance of Sexed Language](#). *Front. Glob. Womens Health* 3:818856. doi: 10.3389/fgwh.2022.818856

<sup>6</sup> [Midwifery \(Scope of Practice and Qualifications\) Notice 2010](#)