Midwifery - Providing an Integrated Maternity Service in Rural New Zealand

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New Zealand has an internationally renowned model of care resulting in some of the best maternity outcomes in the world.

Midwives are the main workforce in maternity, and have been since the mid 1990s.

The majority of women choose a midwife to be their Lead Maternity Carer.

Care starts from early pregnancy and ends at 6 weeks after the birth.

Midwives have Access Agreements to the hospitals in their DHB, and go with women into all maternity facilities where women birth.

Midwives are where women who have babies are.
So how does it all work in 2016?

How much do you all know about the local midwives in your community?
The Regulation and Provision of Midwifery Services Framework

New Zealand Women and Families

Regulatory Framework

MIDWIFERY COUNCIL
- Registers midwives
- Defines scope of practice
- Sets Competencies
- Approves education
- Code of Conduct
- Sets Standards of Prof. conduct
- Disciplinary role
- Public safety
- Monitors competency/ Standards

Registered Midwife
- Code of practice Standards
- Competencies

Maternity Services

Professional framework

NZ COLLEGE OF MIDWIVES
- Philosophy
- Ethics
- Standards
- Education
- Professional support

Midwifery Standards Review
What does the Midwifery and Maternity Providers Organisation do?

- Provide LMC Practice Management Support system
- Provide 'Paper' Member Support
- NZ College of Midwives Standards
- National Project Involvement
- S88 Rules & Eligibility Support
- Claim Facilitation
Rural Midwifery Recruitment and Retention Service

The Rural Recruitment and Retention Service offers rural locums to over 270 midwives who work rurally.

We are growing our Maori midwifery workforce both in urban and rural New Zealand and we are working to increase support infrastructures.

Rural midwives also can receive mentoring based on the College of Midwives mentoring framework.
Base Obstetric Rural primary maternity facility.
Working with General Practice

Midwives work alongside general practice where general practice will work alongside them.

Midwives do not work for general practice; they work for women and their babies.

Collegiality is important to us as a profession and all we ask is that it is returned by whoever we work with.
Midwifery aims to provide an integrated service in the community

We will work with all of you

We need to give each other a chance

The rhetoric of 25 years ago needs to be silenced

General practice has certainly changed in the past 25 years

Hopefully you can see us as professional women providing a specific health service in your communities
• The New Zealand Maternity Standards
• Maternity Quality and Safety Programme
• Sentinel event processes
• Reportable events
• Trigger tools
• National Minimum dataset
• Maternity Reports
• Clinical Indicators
• Perinatal and Maternal Mortality Review Committee (PMMRC)
• AMOSS - Maternal morbidity
• National referral guidelines
We need each other especially in rural New Zealand if only to share clinical scenarios, have a cup of tea and share the load
Midwives are hard working with women and their babies as their focus.
How are midwives connected with all of you as fellow health practitioners in rural New Zealand?

What do we need to do collectively to support each other and the women that we all care for?