



NEW ZEALAND
NURSES
ORGANISATION

New Zealand Nurses' Organisation (Inc.)

Submission to the

Midwifery Council of New Zealand

**Second Scope of Practice:
Midwifery Assistant**

Consultation document (August 2007)

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Introduction

The New Zealand Nurses' Organisation (NZNO) represents over 39,000 members on both professional and industrial issues across the public, private and community sectors. NZNO has approximately **800 midwife members**, the majority of whom work as employed midwives, either in a core, team or continuity of care capacity. NZNO also represents a small number of independent LMCs. NZNO has an active midwifery network and midwife delegate support system in major maternity facilities. NZNO also has an active Registered Obstetric Nurses network and Enrolled Nurses Section. NZNO has consulted with its midwife and second level nursing members in preparation of this submission. The issue of a second level midwifery assistant has excited considerable discussion and input.

Recommendations

The New Zealand Nurses' Organisation recommends that The Midwifery Council

1. **Agree** that the Consultation Document had significant omissions which compromised scope of the discussion and potentially biased the responses;
2. **Undertake** a full study of the clinical need of clients where it is envisaged any proposed second level practitioner would be working and then re-consult providing a range of options on how the clinical need may best be met. This may include using other regulated practitioners besides that proposed in the consultation document. NZNO recognises that this work may fall outside the scope of the regulator but could be undertaken in conjunction with service providers and professional associations;
3. **Collate** a national stock take of the current use of midwifery assistants and the activities that they undertake. This information should inform the debate on any future of a regulated midwifery assistant position;
4. **Note** that NZNO does not support the introduction of a regulated midwifery assistant scope of practice;
5. **Note** that NZNO agrees that urgent strategies need to be introduced to address the current workforce issues within maternity services.
6. **Note** that NZNO supports a skill mix inclusive of nursing in level 3 care.

The Consultation Document

Of note, was the omission in the consultation document of any discussion of the history in New Zealand of the skill mix in maternity service facilities. This history is important in considering an appropriate response to the current situation and any proposal for a new category or regulated health professional.

A second level health practitioner in maternity services is not a new concept in New Zealand. Indeed, Karitane nurses (not regulated but with a nationally accepted training programme), Registered Obstetric Nurses and Enrolled Nurses with a 6 month obstetric endorsement have all had an important role to play in maternity service delivery in the recent past. Many of NZNO's respondents commented on the use and abuse of this important second level midwifery workforce and the lack of job security as the current

shortages of the midwifery workforce are addressed. History will show the vulnerability of second level health professionals.

Another regulated disciplinary group, not identified within the consultation document, is the Registered Nurse (RN). Many maternity service providers have included RNs in the skill mix in the past. Over time, these RNs were compelled to either retrain as a Registered Midwife (RM) or have been redeployed out of maternity service units as the new philosophical movement of midwifery practice emerged in the early 1990s and the move was towards the lead maternity carer model which was woman-centred with continuity of carer.

The consultation document fails to provide discussion about the impact of the introduction of a second level regulated workforce on that philosophical foundation of New Zealand's maternity model or the potential of fragmentation of care.

Nor does the consultation document present an analysis of the current need for care other than a shortage of midwives and anecdotal evidence that some assistants are supporting midwifery practice in a variety of ways. It is the clinical need of the women which should be driving discussion on a second level practitioner, and how that clinical need can best be met, not the fact that unregulated assistants are already providing a level of care. For example, the feedback from NZNO midwives clearly identifies a need for additional *nursing* resource to complement midwifery care in tertiary level hospitals and not a new regulated midwifery assistant.

Determining the Current Situation

The response form provided by the Midwifery Council is useful in determining the current use of midwifery assistants however this information could have been sourced by a maternity service provider survey also.

The feedback from NZNO members indicates that assistants are used in a variety of ways, but mainly for "hotel" support activities and personal hygiene support for mother and child. Also they may be asked to assist a midwife in a particular situation but that is under the direct supervision and instruction of a midwife as they work in a tandem, not in a delegated authority type of situation.

Establishing a Midwifery Assistant Role

The NZNO does not support the introduction of a second level regulated midwifery assistant. However, NZNO does recognise the need to address the current workforce issues within the maternity services urgently.

Many of the members providing input to the NZNO submission identified that the current second level nursing workforce should be considered rather than a new regulated midwifery scope. Proposals ranged from reinstatement of an 18 month registered obstetric nursing training to a 6 month endorsement on the Nurse Assistant programme. The emphasis was on having a core of nursing knowledge with an additional specific

obstetric/infant care component. It is noted that these programmes would be 12-18 months of duration.

Addressing the Workforce Issues

NZNO agrees that the skill mix within maternity services needs to be strengthened and that the current midwifery workforce shortage is compromising quality care. The questions of recruitment and retention of midwives, clinical need and an analysis of the most appropriate skill mix to meet that need should be the drivers of any future midwifery workforce development, rather than the current reactive proposal outlined in the consultation document.

NZNO believes that the question of an apparent midwifery shortage needs further analysis and that the question to be answered is “*is there a midwifery shortage or just an unwillingness of midwives to work in midwifery practice?*” An answer to this question may then raise a range of potential solutions to attracting midwives back into the profession.

Many members provided considered responses about the skill mix they see is required within their practice settings. These included an increase in the level of nursing skills required for complex maternity service provision. The potential use of second level nurses is identified in the section above. The inclusion of RNs in the skill mix, particularly in level 3 care, was identified as providing a significant improvement in meeting the needs of those with complex need. Many respondents also said that a proactive process to recruit RNs into midwifery training should be an aim of the Council’s with a shortened (12 month) programme to bridge to RM registration.

Conclusion

In conclusion, the NZNO recognises the current midwifery shortage but believes that further work in identifying need and the range of options to address that need should occur before discussion on the regulation of a midwifery assistant scope of practice. This is only one possibility from a range of options many of which have been raised by NZNO members.