

1 October 2007

Ms Susan Yorke
Registrar
Midwifery Council
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Dear Ms Yorke

Consultation on second scope of practice midwifery assistant

Thank you for the opportunity to comment on the Midwifery Council's proposal to develop a scope of practice and register for midwifery assistants. I commend the Council for consulting widely on these important issues.

Invitation for submissions

Part A of the feedback form raises a number of issues about the way in which hospitals currently use health care assistants. As these issues fall outside the Commissioner's area of expertise, I have limited my comments to questions 11 and 12 in section B of the feedback form.

My Comments

I note that the DHBNZ Midwifery Workforce Strategy report identified the midwifery assistant role as one potential strategy to address current midwifery workforce shortages. However, I am not convinced that there is a compelling case to introduce this role to the maternity workforce.

Like the registration authorities, the Commissioner's overriding concerns are public protection and quality healthcare services for consumers. The principal purpose of the Health Practitioners Competence Assurance Act (HPCA) is "to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions". The subsidiary aim is to provide "a consistent accountability regime for all health professionals". As an authority appointed under section 114 of the HPCA, the Council is responsible for protecting the public by prescribing the qualifications that are necessary to practise in certain areas and ensuring the competence of its practitioners.

A common theme amongst the complaints received by this Office is the complexity of the issues that midwives face when providing maternity care. The safe delivery of maternity services requires technical expertise, highly developed communication skills and sound professional judgement. While I appreciate that the role of the

midwife is very demanding and that certain day-to-day cares could be easily delegated to an assistant, I consider that the regular contact with the mother is key to building the trust and confidence that underpins the clinical relationship and places the midwife in a key position to react to early signs of deterioration in either the mother or the baby. Any proposal that removes the midwife from that important monitoring role must, in my view, be very carefully assessed to determine whether the same level of patient safety can be guaranteed from a different model of care.

International comparison

I am aware that other countries, such as the United Kingdom, have introduced midwifery assistants to address chronic workforce shortages. However, as I understand it, the primary reason for the role being introduced was workforce shortages and there is no evidence that this strategy has improved the quality of care provided. I would be reluctant to see New Zealand maternity services follow the UK example without clear evidence of improvements in the quality of services for consumers.

I note that the Netherlands has used the maternity assistant role with some success in the context of home births. Maternity assistants provide practical support in the woman's home to enable her home life to continue on with minimal disruption from the time she goes into labour and so that she has help in the early days following the birth. I note, however, that Dutch midwives tend to act more like doctors in that they are not present for the duration of the labour. It is the maternity assistant's role to monitor the labour and the primary midwife is only called in from time to time to assess progress. In my view, the New Zealand system for homebirths offers the mother and baby more safety, as there is an LMC managing the mother for the duration of her labour and, in most cases, two midwives present at the time of the birth.

As I understand it, the Netherlands' system has not been without issue. The training programme was changed a few years ago so that community-based assistants were required to do a three-year training course including maternity, elder care and disability care, rather than choosing a one-year programme in their specialty (eg, maternity). The aim was to produce assistants who could enter any of these healthcare areas with a more general set of skills. I am concerned that similar issues may arise in New Zealand if we developed an assistant role for the maternity service. There may be attempts to generalise the training for maternity assistants so that they could be used in other contexts.

Nursing comparison

It is interesting to consider the issues that arose when the nursing profession introduced the role of enrolled nurse to assist registered nurses. There was concern that this prompted a drop in professional standards because enrolled nurses were increasingly called upon to do tasks that fell within the scope of practice of a registered nurse, thereby putting patients at risk. As a result, the role of enrolled nurse has been progressively phased out.

Alternative Strategy

My preference would be for the Midwifery Council to concentrate on increasing intakes into the current midwifery programmes, with an emphasis on workforce

planning rather than developing a new midwifery assistant position. The current intake level is, in my view, insufficient to replace the ageing midwifery workforce and does not sufficiently address the significant shortfall generally.

I trust the above comments will assist in your analysis of this proposal and look forward to receiving the results of your consultation in due course.

Yours sincerely

Nicola Sladden
Chief Legal Advisor