



Referring a midwife to the Midwifery Council Information for the public

The Council's role is to protect the health and safety of mothers and babies by ensuring that midwives are competent and fit to practise.

Health and Disability Complaint Process

If you wish to make a complaint about a midwife, you may prefer to contact the [Health and Disability Commissioner](#) (HDC) who offers an advocacy service to assist you. Any complaint the Council receives about a midwife where a named consumer has been affected, will automatically be referred to the HDC. The Council must follow processes described in the Health Practitioners Competence Assurance Act (HPCA Act).

Notify the Council if you have concerns about a midwife

This form is to assist you to inform the Council about a midwife's practice. You do not have to use this form, but a written referral is required, and it must contain enough detail for the Council to decide the following:

- If the Council is able to address the referral or whether the issues are personal or employment issues that are outside of its jurisdiction.
- Whether the issues raised are serious enough to be considered by the Council.

You can either:

- Complete this form electronically – Simply save the form to your desktop before completing and [emailing](#) to the Council.
- Complete by hand - Print the form and write your responses clearly and legibly. If you require more space attach the additional information and post it to the address at the bottom of this form.

The Council can address midwives' health or competence issues and investigate complaints about the conduct of midwives. If a notification or complaint gives the Council reason to believe the midwife may pose a risk of serious harm to the public it will take steps to protect the public which can include suspending the midwife or placing conditions on their practice. The Council is required to follow processes as outlined in the HPCA Act.

You can find information about on the Council's complaints process, competence and health processes on our website or contact us for more information.



Confidentiality and Natural Justice

Your complaint (minus your contact details) will be provided to the midwife to allow them to respond. The Council is not able to consider anonymous referrals unless further enquiry is possible. If this poses a difficulty to you, please contact us to discuss this further.



Raise a concern

1. Your contact details

Legal name:

Postal address:

Daytime phone number:

Alternative phone number:

<input type="text"/>	<input type="text"/>
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Email: (can this address be used for private material? Yes / No)



2. The midwife concerned

First and surname of the midwife you are concerned about:

If you know their Annual Practising Certificate number, please also enter it here.

Please provide the midwife's place of employment (if known):

How do you know this midwife (e.g. colleague, relation, friend, client, your Lead Maternity Carer, employer, employee)?



3. Explain your concerns

Dates on which (or time period during which) the incident/events you are concerned about occurred:

What happened that caused you to have concerns about this midwife:

(Please attach additional sheets if required).



Any other information, including witnesses and a list of any documents included with this form:

Details of any other action you have taken or organisations/persons you have already contacted about this matter:



4. What do you want to happen?

Thank you for taking the time to let us know of your concerns.

We will write to let you know that we have received your complaint and what action, if any, the Council will take on it within ten working days.

Please send the completed form to:

Te Tatou o te Whare Kahu | The Midwifery Council of New Zealand

PO Box 9644, Marion Square, Wellington 6141

Phone: +64 4 499 5040

Email: notifications@midwiferycouncil.health.nz