

# **TE TATAU O TE WHARE KAHU**

## **Midwifery Council**

**Scope of Practice**  
**Feedback on draft**

**March 2023**

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# INTRODUCTION

## BACKGROUND

The functions of Te Tatau o te Whare Kahu /The Midwifery Council, are defined by the Health Practitioners Competence Assurance Act 2003 (“the Act”). The Council must:

### **Define the Midwifery Scope(s) of Practice.**

Te Tatau o te Whare Kahu /The Midwifery Council<sup>1</sup> (Council<sup>2</sup>) annual report for the year to 31 March 2022 to the Minister of Health, identified the Council’s key strategic project: The Aotearoa Midwifery Project, has completed the evidence-based review of the Midwifery Scope of Practice. The review is timely to ensure that the Scope is reflective of contemporary midwifery practice in Aotearoa, New Zealand. The project draws on the Te Tiriti o Waitangi and how it can shape future practice<sup>3</sup>.

The Collaborative Reference Group and project team utilised a Tiriti o Waitangi partnership framework to establish a co- design approach to lead the development of the revised Scope. The Collaborative Reference Group (CRG) is made up of several midwives and consumers, (both tangata whenua and tangata tiriti from across the maternity sector).

The Midwifery Council received the draft Midwifery Scope of Practice statement from the CRG in November 2021. On 17 February 2022, the Midwifery Council released the draft Scope statement to all midwives with an Annual Practising Certificate as well as relevant organisations, via email with the aim of receiving feedback on the drafted scope. The first-round of feedback (FRF) on the draft scope closed for submissions on 26 April 2022. Two hundred and twenty-four (224) submissions were received from midwives and relevant organisations. Based on the feedback received, the Midwifery Council made some necessary adjustments to the Scope statement, then sought further feedback on those changes by way of a second-round of feedback on the “Revised Scope of Practice.”

The second-round of feedback closed for submissions on 21 November 2022. The Midwifery Council will review the feedback and may adjust the Revised Scope statement based on the received feedback and then will communicate next steps once this is completed.<sup>4</sup> Some submissions were lengthy, for example, the New Zealand College of Midwives<sup>5</sup>(NZCOM) which is attached Appendix ii.

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<sup>1</sup> Te Tatau o te Whare Kahu /The Midwifery Council (Council)website 1/3/23

<sup>2</sup> Te Tatau o te Whare Kahu /The Midwifery Council will be referred to as “The Council” throughout this report.

<sup>3</sup> Te Tatau o te Whare Kahu /The Midwifery Council (Council) website1/3/23

<sup>4</sup> Te Tatau o te Whare Kahu website retrieved 1/3/23.

<sup>5</sup> Appendix 1

## Whānuitanga o Te Mahi

## Scope of Midwifery Practice

Revised

Revised

|    |  |    |   |
|----|--|----|---|
| a. | Kua tikanga Te Tiriti o Waitangi ki tā te ritenga kahu pōkai i Aotearoa.   | a. | Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai   midwife in Aotearoa New Zealand.   |
| b. | Ko tā te kahu pōkai he whakarawe i te taha Māori me te taha whare haumanu hei manaakitanga, ka āhei ngā mahere a ia whānau kei nga wahi katoa e pā ana ki te pōkaitanga, te whānautanga, te whare kōhanga waihoki te oranga tonutanga.   | b. | The kahu pōkai   midwife is responsible for providing culturally and clinically safe care, in any setting, for whānau who are planning a pregnancy, pregnant, birthing, and postnatal.  |
| c. | Ko tā te kahu pōkai ka arohia nuitia te mātauranga Māori me wētahi tirohanga whānui mō te whakarawe o te manaakitanga e whakatairanga atu nei i te hāuoratanga me te oranga whānau.  | c. | The kahu pōkai   midwife values mātauranga Māori and other worldviews to provide safe kahu pōkai   midwifery care that promotes whānau health and wellbeing.  |
| d. | Ko tā te kahu pōkai he whakapuaki i te taha ahurea me te taha whare haumanu mōhiotanga, mā ngā pukenga matapakī, ki te aromatawai, whakamahere, whakamāori, whakarawe, waihoki te arotake manaakitanga, ngātahi te tuku rongoa.  | d. | The kahu pōkai   midwife draws upon cultural and clinical ways of knowing, with effective communication skills, to assess, diagnose, plan, provide and evaluate care. Where clinically indicated, and with the appropriate education, the kahu pōkai   midwife prescribes treatments and medicines.   |
| e. | Whakapū ki tō te kahu pōkai tikanga tana mākohakoha waihoki tana mōhio ki te māramatanga, whakatairanga, me te huawaere i ngā hātepe mō te mātai whaiaroaro me te Matatini.  | e. | Fundamental to a kahu pōkai   midwife's tikanga, expertise and knowledge is the understanding, promotion, and facilitation of the physiological processes that support wellbeing and the recognition of complexity.   |
| f. | Ko tā te kahu pōkai he tika te uiui me te mahi tahi ki a ia whānau, ki te kahu pōkai kē, ngā ratonga hāuora me te tari o te ora, tohutohua rā i ngā ohore anō i te wā e tika ana.  | f. | The kahu pōkai   midwife consults and collaborates effectively with whānau, other kahu pōkai   midwives and relevant health and social services, making timely referrals when appropriate and implementing emergency care when necessary.   |
| g. | Ko tā te kupu tikanga he kounga waihoki he haumarū mō te hunga kahu pōkai taha manaaki e tautokohia ana e ngā whakahoki kōrero o ngā whānau, tikanga ora, ātawhaitanga, he tika te whanaungatanga ngāio me te tikanga ako. Ka tāpiri tēnei i tā te kahu pōkai whaipānga ki te ratonga hāuora tōtika, te rangahau, pakirehua tikanga ako, whai mātauranga me te whanake ngāio.  | g. | The tikanga / quality and safety of midwifery care is supported through seeking whānau feedback, cultural safety, continuity of care, and effective interprofessional relationships, including tikanga ako / practice. It is also upheld through the kahu pōkai   midwife's engagement with health care safe systems, evidence-based practice, reflective practice, ongoing education and professional development. |
| h. | Ko tā te kahu pōkai he whakaahu i te mātauranga, pūkenga waihoki te mākohakoha ā tikanga hei whakatutuki i ngā hiahia ā hāuora o ia whānau. Ko tā te kahu pōkai he whakawhānui i tana tikanga ako mā te whai i ngā akoranga hāngai waihoki rānei he whai mākohakoha i roto i te horopakī ako whakangungu ka pūkenga, tapirihia te taha hāuora mō ngā whare tapu o te ira wahine me te ira tane, waihoki te kohungahunga. | h. | The kahu pōkai   midwife develops the knowledge, skills and cultural expertise to be responsive to meeting the varied health needs of whānau. The kahu pōkai   midwife may expand tikanga ako/midwifery practice by undertaking relevant education and gaining expertise, including in wider sexual and reproductive health and infant health care.   |
| i. | Ko tā te kahu pōkai he whakawhanake i te tikanga ako o te kahu pōkai mai i ngā mahinga matatini o te mātauranga, rangahautanga, whakahaeretanga, tikanga, waeture me te hautūtanga.  | i. | The kahu pōkai   midwife is involved in the advancement of midwifery from multiple perspectives through education, research, management, quality and safety, regulation and leadership.   |

He aha te mea nui o te Ao?  
 he tāngata, he tāngata, he tāngata  
 What is the most important thing in the world?  
 it is people, it is people, it is people.

The whakatauki, highlights the centrality of people from the Māori world view. The bi-lingual, full name of our country reflects its dual heritage of indigenous and western cultures, languages, and worldviews. By placing te reo first, we acknowledge Māori as tangata whenua, the original people of the land.

## METHOD

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The four hundred (400) submissions were collated by the Midwifery Council and entered in to an excel spreadsheet and then sent to an external contractor to analyse.

Upon reviewing the data, the external contractor used a thematic analysis system to analyse the patterns of themes to extract data for tables and charts. The thematic analysis, based on the 400 submissions was undertaken to better understand the positive and negative concerns and how these can help the revised scope of practice. The data was then cross checked for consistent structure to concisely report on the feedback. The aim is to provide a snapshot of the submitter's views. The analysis identified six overlapping themes within the scope of practice.

### *Date limitation*

The data was limited because it did not enable a detailed comparison of the each-round of feedback and the impact of the different approaches used between each collection.

### *The six themes are:*

1. **Kai tuku (*the submitters*)**
2. **Whānuitanga o Te Mahi (*the Scope of Practice*)**
3. **Whanaungatanga (*relationships, women / transgender / whanau*)**
4. **Te Reo (*definition / transliteration*)**
5. **Tiriti o Waitangi – (*leadership / partnership / consultation*)**
6. **Whakakotahi– (*combined issues / inclusion*).**

### *The results indicate:*

1. Kai Tuku, (submitters) were placed into 3 groups: Positive (responses), positive (responses) with concerns and negative (responses).
2. Numerous submitters do not agree with the revised Scope of Practice as it lacked clarity and failed to clearly describe the procedures, actions and processes that are

permitted to be undertake in terms of the midwifery profession.

3. The main concern was, the suggestive change of woman and why was “whānau” being suggested or why “woman” was being removed.
4. Confusion regarding the use of te reo and the lack of reasoning behind the usage of two languages.
5. Te Tiriti o Waitangi – is supposed to be about partnership, inclusive not exclusive, the positive responses did not explain why they supported the embedding of te Tiriti.
6. The lack of consultation has left many wondering about the direction of the midwifery profession.
7. Another concern raised by submitters was lack of description regarding education and outcomes.

### **Implications**

1. Lack of understanding of the full impact on whānau and whānau-centred practices
2. Different whānau-centred models need to be critically examined, to identify ‘best practice’ for midwifery.
3. The wide ranging but inter-related concerns emphasise the importance of improving and understanding the outcomes for both the midwife and the consumer.
4. How was Te Tiriti o Waitangi being embedded in the Scope of Practice.

### **Results**

Results suggest that a focus on both objectives and purpose are an important aspect of the scope of practice. This is particularly important considering the wide ranging but inter-related complex nature of the objectives, goals and needs of the scope of practice and the profession.

The results **DO NOT tell us about:** The wide-ranging but inter-related improvements and the importance of holistic and integrated whānau-driven approaches.

**This report is not an evaluation of the revised Scope of Practice. Nor does it identify all outcomes to be achieved by the Scope of Practice.**

## ANALYSIS OF DATA

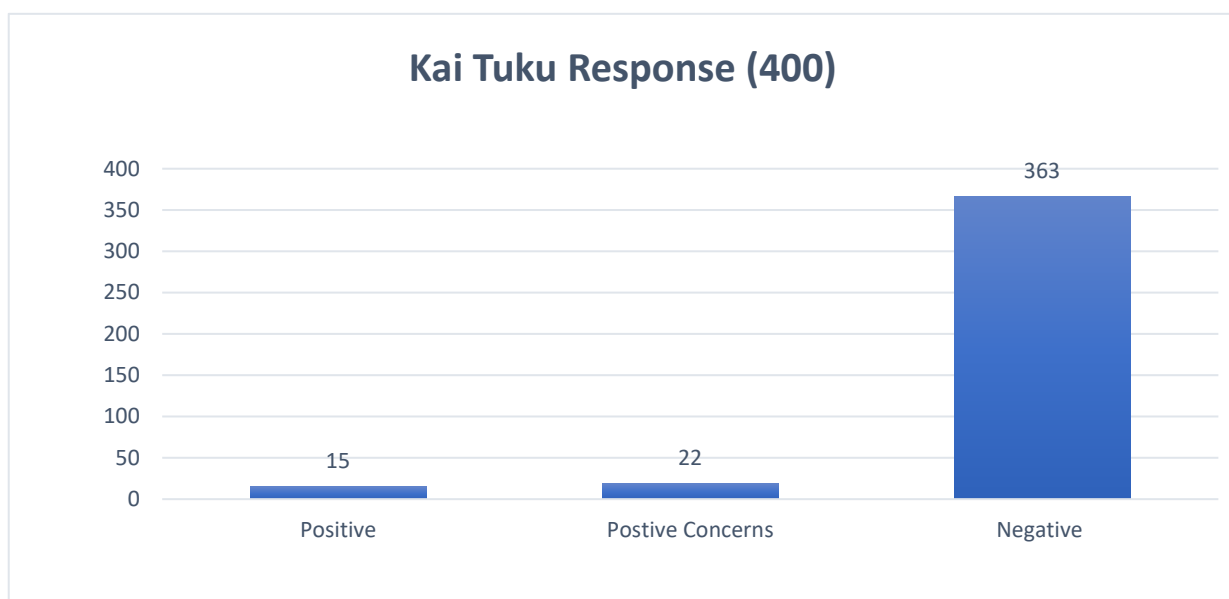
The second-round feedback data indicates a **minority** of people are supportive of the revised changes to the Scope of Practice. Table 1 is based on the submitter who provided positive, positive with concerns, and negative responses. Table 2 identifies the submitters by midwives, organisations, or members of the public. Table 4 provides a glance by Ethnicity.

### 1. KAI TUKU (THE SUBMITTERS)

There was a total of four hundred (400) submitters who provided feedback. Many submitters provided multiple responses across various themes with various concerns and comments. The positive responses provided brief submissions of support.

Table 1 Submitters Summary

| Kai Tuku                         |     | %    |
|----------------------------------|-----|------|
| Positive – agree with the RSOP   | 15  | 3.7  |
| Positive with Concerns with RSOP | 22  | 5.5  |
| Negative Responses RSOP          | 363 | 90.8 |
| Total Submitters                 | 400 | 100  |

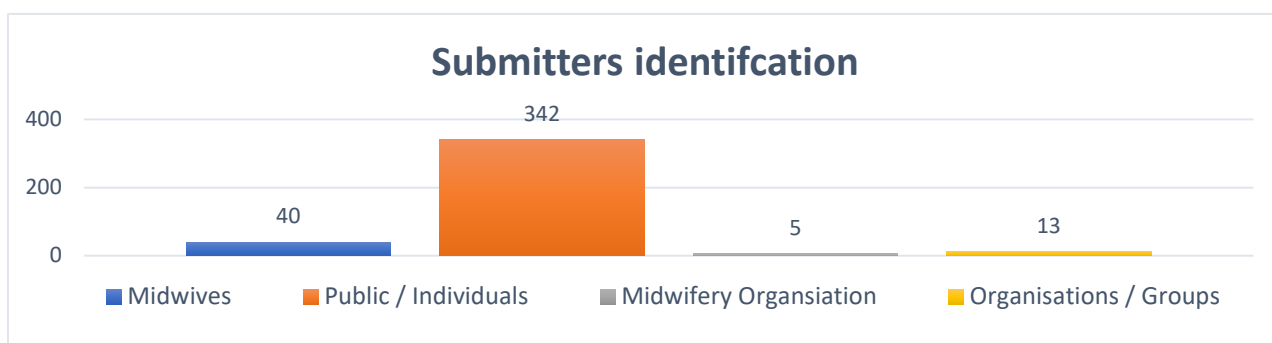


## KAI TUKU IDENTIFICATION

The majority of submitters did not clearly state whether they were midwives or an organisation. Some in their response stated, “we” or wrote on behalf of their spouse or whānau and they were categorised as public. For this report, an organisation is a group of people with a particular purpose<sup>6</sup>.

Table 2 Submitters Identification

| Identification         |            | %           |
|------------------------|------------|-------------|
| Midwives               | 40         | 10.0        |
| Public                 | 342        | 85.5        |
| Organisation Midwives  | 5          | 1.25        |
| Organisation           | 13         | 3.25        |
| <b>Total Responses</b> | <b>400</b> | <b>100%</b> |



## Media Notification

Sixty-One (61) persons acknowledged receiving the revised Scope of Practise via the media, some quoted their local newspapers. YouTube <https://www.youtube.com/watch?v=CNqgx8kffVE> was identified as a source. The YouTube site received 2,454 views by 10 November 2022. Table 3 has two tables; the left table identifies the sixty-one (61) persons who acknowledge media as their source of notification. The second table on the right identifies the submitters responses in the negative themes.

Table 3 Media Notification

| Media Notification                      |           |
|---|-----------|
| Positive                                | 4         |
| Positive with Concerns                  | 2         |
| Negative Responses                      | 55        |
| <b>Overall Total Media Notification</b> | <b>61</b> |

| Negative Media              |           |
|-----------------------------|-----------|
| Revise Scope of Practice    | 2         |
| Te Reo                      | 7         |
| Wahine / Whānau             | 46        |
| <b>Total Negative Media</b> | <b>55</b> |

*“We know that this kind of reporting gives people the wrong idea and people aren't even reading the whole article, just the headline is often enough to feed into this misinformation. The only way we can fight this misinformation is making sure we have really clear, easily accessible factual information to counteract this. Further, the risk is that these conversations around the words 'woman' and 'wahine' being replaced feed into vilifying the trans community.”*

<sup>6</sup> A group is a set of people, organizations, or things which are considered together because they have something in common.



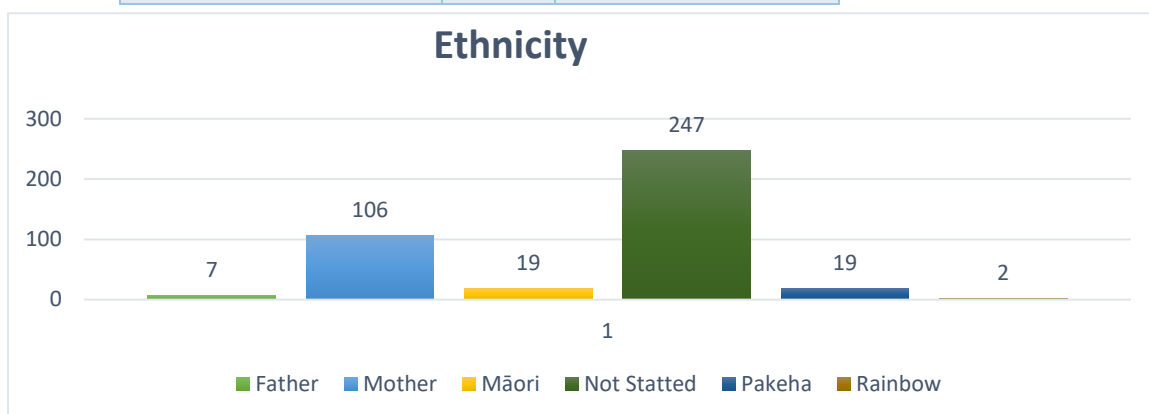
### Kai tuku Ethnicity

For this Table (4), an ethnic group is made up of people who have identified one of the characteristics as shown on the table. The submitters who did not state their ethnicity; were categorised as not stated.

Only 2 midwives of the 40 midwives identified as Māori. One of the rainbow<sup>7</sup> contributors was a surrogate who wanted to be identified as birth person<sup>8</sup>. The submitters (kai tuku) were organised in three groups, positive, positive with concerns and negative. The negative group received 363 responses, below is their ethnicity.

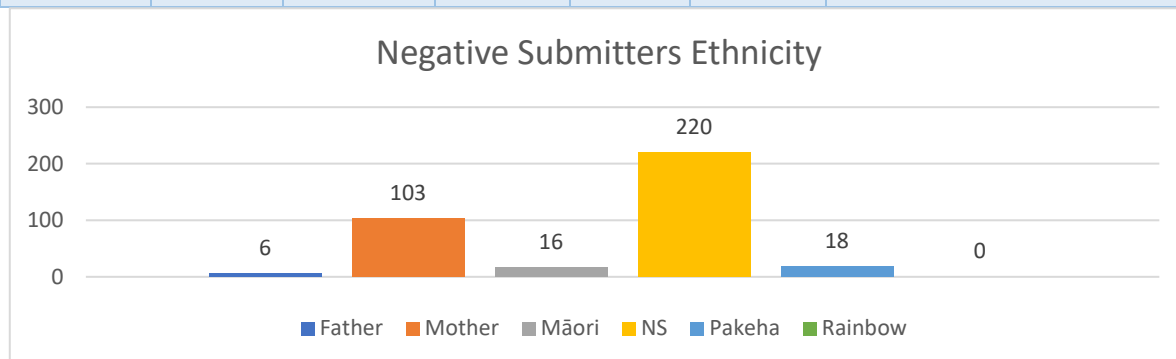
Table 4 Ethnicity of Submitters

| Ethnicity    |            | %           |
|--------------|------------|-------------|
| Father       | 7          | 1.75        |
| Mother       | 106        | 26.5        |
| Māori        | 19         | 4.75        |
| Not Stated   | 247        | 61.75       |
| Pākehā       | 19         | 4.75        |
| Rainbow      | 2          | 0.5         |
| <b>Total</b> | <b>400</b> | <b>100%</b> |



#### Negative submitters Ethnicity.

| Father | Mother | Māori | NS  | Pakeha | Rainbow | Total Negative Submissions |
|--------|--------|-------|-----|--------|---------|----------------------------|
| 6      | 103    | 16    | 220 | 18     | 0       | 363                        |



<sup>7</sup>Rainbow represent lesbian, gay, bisexual, transgender and queer pride, and solidarity (Dreyfus 2015).

<sup>8</sup> Birth person / birth parent - If an individual or couple uses a surrogate, that individual or couple will need to adopt the child or children in order to get parental rights, even if the egg or embryo was produced by that individual or one of the couple. The surrogate will be the birth parent for all purposes. (Community law) 1/3/23

### First and Second Feedback Comparison

We aim to provide a comparison of the first-round feedback (FRF) and the second-round feedback (SRF). To undertake this, we needed to slightly adjust SRF. Table 5 demonstrates the Second round, with Midwives and the public being combined to match the first-round feedback report.

Table 5 Comparison First and Second Feedback

| First round feedback & Second round feedback Comparison |     | Individual & Midwives | Organisation Midwifery | Organisation Groups | Totals | Overall Total | Overall % |
|---|-----|-----------------------|------------------------|---------------------|--------|---------------|-----------|
| <b>Positive</b>   | FRF | 39                    | 1                      | 4                   | 44     | 59            | 9.45      |
|   | SRF | 11                    | 2                      | 2                   | 15     |               |           |
| <b>Positive Concern</b>                                 | FRF | 49                    | 11                     | 6                   | 66     | 88            | 14.1      |
|   | SRF | 17                    | 2                      | 3                   | 22     |               |           |
| <b>Concerns/ Changes Suggestions</b>                    | FRF | 106                   | 2                      | 2                   | 110    | 473           | 75.8      |
|   | SRF | 354                   | 1                      | 8                   | 363    |               |           |
| <b>Unknown</b>  | FRF | 4                     | 0                      | 0                   | 4      | 4             | 0.64      |
|   | SRF | 0                     | 0                      | 0                   | 0      |               |           |
| <b>Total</b>  |     | 580                   | 19                     | 25                  |        | 624           | 99.9%     |

A possible reason why the result changed drastically could be because people reacted to the removal of the word woman due to the media exposure and 85.5% of the submitters was from the public. Also 10.0% was from midwives, which is concerning as the scope of practice is about their work.

Due to confusion about the meaning of words used in the scope, clear definitions are suggested. A large number raised questions about the regulatory and legislative perspective, and many are left wondering what midwives are authorised to undertake.

*Ninety-two (92) submitters raised concerns about:*

- a) Prescriptions (9),
- b) Infant vs baby (16),
- c) Education (32) and,
- d) Confusion (35) over who is midwifery responsible to the woman or now the whole whānau.

## 2. WHĀNUITANGA O TE MAHI (MIDWIFERY SCOPE OF PRACTICE)

This section covers all four hundred (400) submissions received. An inclusionary statement has been suggested:

*“Ngā kahu pōkai | midwives in Aotearoa New Zealand embrace all people on their journey from conception to parenthood, no matter whether they identify as cis- or transgender, or as non-binary.”*

Or

*“That hapu/pregnant person is used before whānau/family to make it clear that the primary relationship under the Code of Rights is between the kahu pōkai | midwife and the hapu/pregnant person.”*

### An Overall view of the Revised Scope of practice

| Positive  | Concerns  |
|---|---|
| <ol style="list-style-type: none"> <li>1. Beautiful work on the amended scope of practise. Particularly love the inclusive language throughout - for gender diverse people, as well as Tangata Whenua and beyond. Exemplified within the language used, is the notion of inclusivity - no one/party is 'erased' or excluded.</li> <li>2. We disagree with those who have concerns over the language and the lack of gendering within the new scope of practice and firmly believe that the use of the word "whanau," successfully encompasses all people that are involved in the journey through the perinatal period, and that the revised wording is necessary for ensuring that equitable care is provided to all.</li> </ol> | <ol style="list-style-type: none"> <li>1. Ambiguity leaves the scope open to interpretation, which may make it extremely challenging for the council to effectively regulate the profession and ensure public safety.</li> <li>2. An ill-defined Scope is likely to create unnecessary risk, litigation, and resources by both members of the profession and the Midwifery Council.</li> <li>3. Midwives need to have a clearly defined scope to serve the public and the regulatory role of the Council should be to uphold that duty.</li> <li>4. There is no recognition in the RSOP of the woman's choices, the woman's control, may at times be at variance with what the whānau wants.</li> <li>5. Our scope appears to be a bit of a political vacuum and we are continually having additional roles added to our work with no discussion, increase in pay for the work involved, and yet ongoing increases in professional fees.</li> <li>6. Hard to read and follow for an English speaker or speaker of a foreign language in our culturally diverse country. There are Māori only parts which is perfectly acceptable if there is no English which makes it flow better and easier to read.</li> <li>7. The revised scope makes for an excellent 'standard of practice' and 'code of ethics', i.e., the 'how' - but is very much lacking in terms of our scope.</li> </ol> |

*“The mana of the revised Scope is diminished, without a translation of the Te Reo Māori.”*

*“We have concerns that the mana of language has the potential to be diminished when Te Reo is included in the English version. For example, Tikanga is a complex and intricate construct and not readily translatable.”*

*“I wholeheartedly applaud the council for their hard work in creating a Māori language version of their most important document, it does seem a shame that the council appears not to have learnt from past lessons when it comes to New Zealand's long and contested history with regards to ambiguously written documents that are unclear and confusing.”*

### Revised Scope of Practice guideline (a) to (i)

| <b>Revised Scope (a)</b>   |  |
|--|--|
| Kua tikanga Te Tiriti o Waitangi ki tā te ritenga kahu pōkai i Aotearoa.                           | Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai   midwife in Aotearoa New Zealand.  |
| <b>Suggestion(a)</b>   | <b>Comments (a)</b>  |
| 1. ADD "...The midwife works in partnership with the woman/wahine/client and their chosen whānau." | <ol style="list-style-type: none"> <li>1. I agree with this statement. However, the loss of the word partnership is concerning.</li> <li>2. The intention is honourable but what does "embedded in practice" actually mean in reality/practice for individual midwives and hapu women?</li> <li>3. There are three principles embedded in Te Tiriti, partnership, participation, protection (equity was added later)-all interpretations, as none of these words are in the text of either Te Tiriti version.</li> <li>4. What part of the Treaty relates to midwifery?</li> </ol> |

| <b>Revised Scope (b)</b>  |   |
|---|---|
| Ko tā te kahu pōkai he whakarawe i te taha Māori me te taha whare haumanu hei manaakitanga, ka āhei ngā mahere a ia whānau kei nga wahi katoa e pā ana ki te pōkaitanga, te whānautanga, te whare kōhanga waihoki te oranga tonutanga.  | The kahu pōkai   midwife is responsible for providing culturally and clinically safe care, in any setting, for whānau who are planning a pregnancy, pregnant, birthing, and postnatal.  |
| <b>Suggestion (b)</b>   | <b>Comments (b)</b>   |
| <ol style="list-style-type: none"> <li>1. "...providing culturally and clinically <b>safe care</b>, in any setting, for the intending parent and their whānau/family who are planning a pregnancy..."</li> <li>2. Remove/change or amend from "whanau" to include specific reference to "Woman/Wahine."</li> <li>3. ... responsible and <b>accountable</b> for providing culturally and clinical safe care, in any setting, for whānau who are: planning a pregnancy, pregnant, birthing, and postnatal. This includes <b>whāngai / breastfeeding and infant feeding care and certain aspects of sexual and reproductive health care</b>.</li> <li>4. ...in any setting, to achieve for the pregnant person (and whānau where possible) the best outcome for the pregnancy, birthing, and postnatally.</li> </ol> | <ol style="list-style-type: none"> <li>1. A midwife is tasked with safe care for the whole whānau will not have the scope to prioritise a women's wishes with regards to terminate a pregnancy above perhaps her parents' wish for grandchildren. A midwife should of course be prioritising the wishes and needs of the woman.</li> <li>2. How is screening for domestic violence with her achieved? Or - with the surrogacy birth system as an area being advanced by the government.</li> <li>3. It doesn't make sense to focus the midwives care onto whanau, who cannot be defined, other than by the pregnant woman/person. It is only through the pregnant woman that midwives can even know who their whanau actually are?</li> <li>4. Midwives' scope is woman centred and focused on women's health and wellbeing, empowering women, and working towards gender equality.</li> <li>5. Not all pregnant people have whānau around them by virtue of where they live, and it may be significant others who fulfil this supporting role at the request of the pregnant person.</li> <li>6. The idea that whānau as family or an unrelated group of people are "planning a pregnancy" is not</li> </ol> |

|  |   |
|--|---|
| <p>5. ..., in any setting <b>including in the home</b>, for women/wāhine/clients who are planning a pregnancy; clients who are pregnant, birthing and in the <b>post-natal period including their newborn</b>.</p> <p>6. The use of postnatal without a time frame is perhaps not specific enough, <b>...postnatal to 6 weeks</b>.</p> <p>7. Responsible for providing culturally and clinically safe care ... - It would be good to <b>include compassionate</b>.</p> | <p>actual but aspirational or fantastic; it is intentionally misleading.</p> <p>7. This has mammoth policy implications and undermines the rights of women to control decisions about their own fertility including the right of women to continue or terminate a pregnancy.</p> <p>8. Your commitment to providing safe care for the whole family implies that other people may be appropriate decision-makers about a women's own body. This goes against the principles of women being able to choose.</p> <p>9. The use of "in any setting" is perhaps a very broad term. Maybe "any birthing place or place of birth"</p> <p>10. Please define whānau.</p> |
|--|---|

| <b>Revised c)</b>   |   |
|---|---|
| <p>Ko tā te kahu pōkai ka arohia nuitia te mātauranga Māori me wētahi tirohanga whānui mō te whakarawe o te manaakitanga e whakatairanga atu nei i te hāūoratanga me te oranga whānau.</p>  | <p>The kahu pōkai   midwife values mātauranga Māori and other worldviews to provide safe kahu pōkai   midwifery care that promotes whānau health and wellbeing.</p>   |
| <b>Suggestions (c)</b>  | <b>Comments (c)</b>   |
| <p>1. Revert to a modified original version which is more achievable. "Midwives have an important role in health and wellness promotion and education for the woman/wahine/client/whānau and their communities. When providing care, the midwife considers the diverse range of values held by clients.</p> <p>2. ... midwifery care that promotes the hapu person and their whānau/family." health and wellbeing.</p> <p>3. ... worldviews for the provision of <b>safe care</b> that promotes health and wellbeing.</p> <p>4. Values' is difficult to define, suggestions are- 'respects,' 'regards,' 'acknowledges,' 'recognises'.</p> | <p>1. By stating the midwives have allegiance to the whānau, denies midwives the ability to focus solely on the safety of the pregnant woman. If a violent partner or family member is using the characteristic tools of control and coercion, they are given a clear path with which to control a women's decision about birth.</p> <p>2. Midwives are not and cannot be responsible for the health of whānau.</p> <p>3. But midwives' scope is with woman.</p> <p>4. The new wording of the 'promote of wellbeing' is vague and does not specifically tailor itself to the process of pregnancy and childbirth.</p> <p>5. Please define, mātauranga.</p> <p>6. Māori knowledge (mātauranga Māori) are not consistent with medical science, The word 'values' - previously the ARG were advised that the legal advice was this terminology needed to be changed. 'Values' is difficult to define</p> |

| <b>Revised Scope (d)</b>   |  |
|--|--|
| <p>Ko tā te kahu pōkai he whakapuaki i te taha ahurea me te taha whare haumanu mōhiotanga, mā ngā pukenga matapaki, ki te aromatawai, whakamahere, whakamāori, whakarawe, waihoki te arotake manaakitanga, ngātahi te tuku rongoa.</p> | <p>The kahu pōkai   midwife draws upon cultural and clinical ways of knowing, with effective communication skills, to assess, diagnose, plan, provide and evaluate care. Where clinically indicated, and with the appropriate education, the kahu pōkai   midwife prescribes treatments and medicines.</p> |

| Suggestion (d)   | Comments (d)   |
|--|--|
| <p>1. The midwife provides evidence-based practices using communication skills and cultural considerations to assess, diagnose, plan, provide and evaluate care. Where clinically indicated, the kahu pōkai   midwife prescribes midwifery treatments and medicines.</p> <p>2. Replace “Ways of knowing’ is too broad” ... It should specifically note the professional and cultural training the midwife has undertaken and will apply to the women in their care.</p> <p>3. Given the introduction of whānau to the overall text, Section D should use language <b>that denotes the clinical care being given is to the woman and the baby/babies.</b></p> <p>4. The use of the <b>word treatments</b> – perhaps too broad and needs more specificity i.e. appropriate, alternative, recognised or relevant?</p> <p>5. Where clinically indicated, <b>an appropriate educated</b> kahu pōkai   <b>midwife prescribes treatments and medicines for the woman.</b> But appropriate education wording is wrong.</p> | <p>1. It has been stated that midwives care for whanau, now midwives can diagnose treat and prescribe to whanau.</p> <p>2. Midwives do not give healthcare or prescribe for the Whānau! It puts us at risk of individual interpretation of the term, potentially makes it unsafe for midwives and potentially allows DHB's to take advantage of this new 'increased' scope.</p> <p>3. The use of subjective words such as “draws upon”, and “cultural and clinical ways of knowing” - e.g. A midwife may say ‘in my culture we provide or in my hospital we only use the lithotomy position for birth’, these views can be argued they are ‘their ways of knowing’.</p> <p>4. There should be no room for confusion about whether midwives can or should prescribe for an auntie's back pain or a flatmate's contraception.</p> <p>5. Who decides what is the relevant education needed to take aunty’s blood pressure or prescribe medication for the partner with chlamydia?</p> <p>6. Please clarify what consulting and clarifying with whānau. The care provided by a midwife is confidential to the woman and anyone she chooses, which may of course be no one. We have seen younger women in abusive situations dominated by whānau decisions that do not have her best interests at the centre - so how does this work?</p> <p>7. The term “ways of knowing” what does this mean needs definition? Is it referring to Intuition, spiritual, witchcraft? Perhaps this also can be open to interpretation and open to misuse in an HDC situation?</p> |

| <i>Revised Scope (e)</i>  |  |
|---|--|
| Whakapū ki tō te kahu pōkai tikanga tana mākohakoha waihoki tana mōhio ki te māramatanga, whakatairanga, me te huawaere i ngā hātepe mō te mātai whaiaroaro me te Matatini.   | Fundamental to a kahu pōkai   midwife’s tikanga, expertise and knowledge is the understanding, promotion, and facilitation of the physiological processes that support wellbeing and the recognition of complexity.  |
| Suggestion (e)  | Comments (e)   |
| <p>1. <b>'Recognition of complexity'</b> is too broad. Language should be included to note where problems arise with the women and baby/babies there will be appropriate care provided.</p> <p>2. The midwife’s scope is specifically in expertise, knowledge, understanding, promotion, and facilitation of the physiological processes that</p> | <p>1. Confusion between supporting physiological process of pregnancy, labour, birth, and postnatal period with “physiological wellbeing.”</p> <p>2. it suggests midwives do not ‘fundamentally’ provide midwifery care to anyone outside the physiological sphere?</p> <p>3. Where does the core midwifery role/emergency response fit into this?</p> <p>4. What physiological processes? Re: ... and the</p> |

|   |   |
|---|---|
| <p>support health and wellbeing; the recognition, identification and provision of emergency response and midwifery support in complex maternity care.’</p> <p>3. The present wording is, “A midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical assistance and implements emergency measures as necessary.” <b><i>The present requirement is significantly more specific than the proposed paragraph.</i></b></p> | <p>recognition of complexity. What complexity?</p> <p>5. This new phrasing precisely says nothing and obscures the importance of safe and personalised care.</p> <p>6. She (woman) is the one whose body makes the necessary physiological adaptations to successfully gestate her baby to term, she is the one who will birth and who will nourish her baby.</p> <p>7. This point needs to be strengthened to show the physiological process relates to pregnancy and childbirth.</p> <p>8. What physiological processes?</p> <p>9. Should it read “safe health care systems”.</p> |
|---|---|

### Revised Scope (f)

|   |   |
|---|---|
| <p>Ko tā te kahu pōkai he tika te uiui me te mahi tahi ki a ia whānau, ki te kahu pōkai kē, ngā ratonga hāuora me te tari o te ora, tohutohua rā i ngā ohore anō i te wā e tika ana.</p>  | <p>The kahu pōkai   midwife consults and collaborates effectively with whānau, other kahu pōkai   midwives and relevant health and social services, making timely referrals when appropriate and implementing emergency care when necessary.</p>  |
| <b>Suggestion (f)</b>   | <b>Comments (f)</b>   |
| <p>1. ADD women/wāhine/client as this relationship with the client is not identified as a midwifery skill anywhere yet.</p> <p>2. Collaborates effectively with whanau, terminology expanded to include specific reference to “Woman/Wahine / Hapu mama.”</p> <p>3. The kahu pōkai   midwife consults and collaborates <b><i>effectively with the hapu/pregnant person</i></b> and their whānau/family.</p> <p>4. 'Midwife consults and collaborates effectively with the mother, whānau and other kahu pōkai'.</p> | <p>1. Not all people have whānau or wish whānau to have equal consideration to themselves whilst going through the physiological process of pregnancy, labour, and childbirth.</p> <p>2. By centring the mother and acknowledging the whānau, we honour the mother's cultural view and allow her to lead how involved she wants the whānau to be.</p> <p>3. The wording of 'emergency measures' Vs 'emergency care' is not defined. Emergency care needs to be defined for this text.</p> <p>4. what will educational requirements be.</p> <p>5. Health and social services – perhaps needs the words health providers and social services, health on its own leaves out professionals.</p> |

### Revised Scope (g)

|   |  |
|---|--|
| <p>Ko tā te kupu tikanga he kouna waihoki he haumarū mō te hunga kahu pōkai taha manaaki e tautokohia ana e ngā whakahoki kōrero o ngā whānau, tikanga ora, ātawhaitanga, he tika te whanaungatanga ngāio me te tikanga ako. Ka tāpiri tēnei i tā te kahu pōkai whaipānga ki te ratonga hāuora tōtika, te rangahau, pakirehua tikanga ako, whai mātauranga me te whanake ngāio.</p> | <p>The tikanga / quality and safety of midwifery care is supported through seeking whānau feedback, cultural safety, continuity of care, and effective interprofessional relationships, including tikanga ako / practice.</p> <p>It is also upheld through the kahu pōkai   midwife’s engagement with health care safe systems, evidence-based practice, reflective practice, ongoing education, and professional development.</p> |
|---|--|

| Suggestion (g)  | Comments (g)   |
|---|--|
| <ol style="list-style-type: none"> <li>1. Should it read “safe health care systems”?</li> <li>2. The tikanga / quality and safety of midwifery care is supported through seeking feedback from the hapu/pregnant person and their whānau/family, cultural safety...</li> <li>3. The tikanga / quality and safety of midwifery care is supported through '<b>partnership and collaboration with the patient</b>'.</li> <li>4. Our community at large needs to provide the <b>women with agency and empower her decisions</b> during all aspects of her healthcare. She may not want or have a whānau to include, and her pregnancy care may be detrimental if it includes consultation with her wider community and the revised wording as it stands could be a barrier to women seeking appropriate healthcare during pregnancy.</li> </ol> | <ol style="list-style-type: none"> <li>1. Explain what is meant by engagement with “safe systems.”</li> <li>2. Is it ‘healthcare systems’ or ‘health care systems’?</li> <li>3. do we need the word tikanga when it is in the Māori version? Does it mean values and beliefs rather than quality and safety? Is it perhaps quality and safety/tikanga ako?</li> <li>4. Add women/wāhine/client.</li> </ol> |
| <p><i>“Nowhere does it identify that midwives are responsible for outcomes – this may fit here.”</i></p>  |  |

### Revised Scope (h)

| <p>Ko tā te kahu pōkai he whakaahu i te mātauranga, pūkenga waihoki te mākohakoha ā tikanga hei whakatutuki i ngā hiahia ā hāūora o ia whānau. Ko tā te kahu pōkai he whakawhānui i tana tikanga ako mā te whai i ngā akoranga hāngai waihoki rānei he whai mākohakoha i roto i te horopaki ako whakangungu ka pūkenga, tapirihia te taha hāūora mō ngā whare tapu o te ira wahine me te ira tane, waihoki te kohungahunga.</p>   | <p>The kahu pōkai   midwife develops the knowledge, skills, and cultural expertise to be responsive to meeting the varied health needs of whānau.</p> <p>The kahu pōkai   midwife may expand tikanga ako/midwifery practice by undertaking relevant education and gaining expertise, including in wider sexual and reproductive health and infant health care.</p>   |
|---|--|
| Suggestion (h)  | Comments (h)   |
| <ol style="list-style-type: none"> <li>1. Add women/wahine/client /their new-borns and chosen whānau.</li> <li>2. Develops the knowledge, skills, and cultural expertise to be responsive to meeting the varied health needs of the hapu/pregnant person and their whānau/family...”</li> <li>3. Needs of whānau, specify needs of “Wahine/Woman/Hapu Mama”.</li> <li>4. The kahu pōkai   midwife develops the knowledge, skills, and cultural expertise to be responsive to meeting the varied health needs of hāpu whānau and/or their pēpi.</li> </ol> | <ol style="list-style-type: none"> <li>1. This point is concerning. It reads as though our scope is being stretched even further. Midwives do not work with infants; it is the role of well child providers. Sexual and reproductive health is a broad description - what does this mean.</li> <li>2. The use of the word ‘whānau’ within this point has the real potential for midwives to believe they can provide care including prescribing for the wider whanau. If this is indeed the case to broaden the scope, this needs to be explicit.</li> <li>3. How is the midwife to reconcile potentially divisive opinions amongst a family group, or even between a woman and her partner?</li> <li>4. How do I expand tīkanga ako what is it?</li> <li>5. We know the positive impact of midwives to attain sexual and reproductive health and justice for all, excluding no one. Our key population are predominately wāhine/women and also other gender diverse people. We need to acknowledge</li> </ol> |



|   |   |
|---|---|
| <p>5. Propose that the Council gazettes a separate, additional Scope, which midwives can opt into if they wish to extend their practice into the areas of sexual and reproductive healthcare, including abortion service provision, and infant health care.</p> <p>6. Wahine Māori deserve protection, empowerment and self-determination when planning a pregnancy, when pregnant/hapu and when they have become mama.</p> | <p>this is our principal role.</p> <p>6. What if the woman is isolated and vulnerable?</p> <p>7. What is with the term 'infant'? There is deep suspicion ... that Midwives role will be changed to extend to that as child health nurses in the future.</p> <p>8. Sexual and reproductive health is a broad description - what does this mean?</p> <p>9. Not scope of midwifery practice. Extra qualifications would then sit within whatever that scope is.</p> <p>10. It is not possible to regulate the term whānau as written in this context. Making it less universal as suggested may help. It is also important to identify new-borns as a specific scope for midwives.</p> |
|---|---|

| <b>Revised Scope (i)</b>  |   |
|---|---|
| <p>Ko tā te kahu pōkai he whakawhanake i te tikanga ako o te kahu pōkai mai i ngā mahinga matatini o te mātauranga, rangahautanga, whakahaeretanga, tikanga, waeture me te hautūtanga.</p>  | <p>Te kahu pōkai   midwife is involved in the advancement of midwifery from multiple perspectives through education, research, management, quality and safety, regulation, and leadership.</p>            |
| <p><b>Suggestion (i)</b></p>  | <p><b>Comment (i)</b></p>   |
| <p>1. “The regulatory implications of including reference to Te Tiriti in the Scope, which is a novel and welcome addition but is untested within a regulatory context such as a Scope of Practice. This will provide midwives with direction and clarity about their individual responsibilities in how they enact Te Tiriti o Waitangi through their midwifery practice.”</p> | <p>1. Capacity, funding, and training are factors that improve the quality and safety of services. Improving health for Māori mothers and babies through supporting Māori midwives has been systemic.</p> |

## Regulation Concerns

From a regulatory and legislative perspective, several submitters were concerned that further changes will be required to ensure the Scope is not ambiguous.

The lack of clear boundaries also creates ambiguity and could lead to legal implications for the midwife. Midwives need to have a clearly defined scope that enables them to serve the public and the regulatory role of the Council to uphold that duty.

The table following is a sample of concerns raised.

| Summary   | Regulation Concern   |
|---|--|
| <p>Health Service</p> <p>1835 Declaration</p> <p>Bill of Rights</p> <p>Human Rights Act</p> <p>Plain Language Act</p> <p>ACC</p> <p>HPCAA</p> <p>Maternity Notice 88</p> <p>Code of Health and Disability Services Consumers' Rights</p> <p>Consumers' Rights Regulations 1996</p>  | <ol style="list-style-type: none"> <li>1. "Health Service" is widely defined as including to "promote health" and "protect health."</li> <li>2. The Scope is a breach of He Whakaputanga o te Rangatiratanga o Nu Tirene, Te Tiriti o Waitangi, and the United Nations Declaration of the Rights of Indigenous Peoples. We are the Sovereign Women of New Zealand, Mana Wāhine.</li> <li>3. Imposing differential treatment on one ethnicity over others is against the Bill of Rights.</li> <li>4. Under section 21 of the Human Rights Act 1993: "sex, which includes pregnancy and childbirth" is a prohibited ground of discrimination.</li> <li>5. Under the Plain Language Act 2022 that has passed into law and is commencing early 2023, plain language ((a) appropriate to the intended audience; and (b) clear, concise, and well organised) must be used when the document "provides information about what services are provided by, or on behalf of, a reporting agency; or" ... "provides information to the public about a requirement that a reporting agency administers or enforces that may affect their rights or interests.</li> <li>6. It is the pregnant person, as the health services consumer/claimant, who will make a claim to ACC should a treatment injury occur in the process of giving birth.</li> <li>7. In terms of the primary purpose of the Council, as defined in Clause 3 of the HPCAA, to 'protect the public', such a poor document is inimical with that requirement of the Act. Section 2 of the HDC Act 1994 defines "health consumer" as including "any person on or in respect of whom any health service" is carried out.</li> <li>8. This partnership responsibility only starts for the midwife when services under the Section 88 Maternity Notice begin.</li> <li>9. Legislative concerns, given Te Tiriti obligations, such as the "Code of Health and Disability Services Consumers' Rights" Right 2 (3) "Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values and beliefs of Māori."</li> <li>10. Consumers' Rights Regulations 1996 there is: Right 3 - Right to Dignity and Independence. Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual. (4). Ultimately it is the pregnant person who has autonomy and control of their engagement with health care services.</li> </ol> |
| <p><i>"The World Health Organisation states: "Midwifery is defined as "skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum from pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life." That is a specific statement which lets us know who a midwife is and what she does. Re: ... Is responsible for providing culturally and clinically safe care ... - It would be good to include compassionate here".</i></p> |  |

## 2. WHĀNUITANGA O TE MAHI (SOP) SUMMARY

1. The use of “**whānau**” has not been fully explored including the whakapapa of Māori.
  - a. The inclusion of Te Ao Māori, it is about respecting and the acknowledgment of Māori customs and protocols (embracing the Māori story and identity (our wahine)).
  - b. Baby / new born / pepi –are **gender neutral**; so why is it being suggested to change to infant. If the reason is for care to be extended, then Council needs to clarify this.
  
2. The change to whānau-centred care does the Council intend that their responsibilities are to extend to clinical care for any whānau member?
  
3. Clarification - Education. It is important to ensure that all parties have the same level of **understanding of the type of education** that is required within the scope.
  - a. The lack of clarification, it is unclear will further education / training be required before the new scope is introduced. (Where clinically indicated and with the appropriate education – this is too open)
  
4. Te reo, confusion on words like **tīkanga / ako** what and how is this to be implemented, what does it mean. Matauranga Māori (cultural practices)
  
5. **Values**, whose value? the midwives, the whānau or the woman’s value. Rather than midwives value matauranga Māori, respect, embrace, acknowledge. *Perhaps midwives respect matauranga Māori and other cultures principles and practices to provide safe midwifery care.*
  
6. **Ways of knowing** (experience and training).
  
7. The Council needs to undertake a **regulatory analysis** of the revised Scope statement and has fully considered how it will enact its regulatory responsibilities under the HPCA Act, including maintaining public safety.

Submitters have offered dual words as a solution. While the majority of submitters opposed having woman removed, many understood the Council trying to be inclusive, but not at the expense of woman.

It important to honour the tiriti to ensure the documentation is not ambiguous as we all have seen the confusion that has arisen with te Tiriti o Waitangi.

## FEEDBACK REVISED SCOPE OF PRACTICE - OVERVIEW

This section provides a snapshot view of the three (3) groups, Positive, Positive with concerns and Negative feedback is listed below. **The first part of the table identifies the number and particular area of concern. The second part of the table provide an overview extract of the submitter's comments, these numbers do not reflect the numbers of submissions.**

### Positive FEEDBACK (15) Scope of Practice

Upon reviewing the fifteen (15) positive responses, four (4) submitters acknowledge their notification source was via the media. Most of these responses were brief in acknowledging their support. The FRF recorded forty-four (44) positive responses compared to the second-round feedback receiving only fifteen (15). It is a possibility that the first round of positive response submitters who had no concerns did not see any reason to resubmit. We refer the reader to the comparison table (Table 6) for an overall positive percentage of the responses to the Scope of Practice.

| <i>Positive Feedback (15) Scope of Practice</i> |                   |  |                |               |
|---|-------------------|--|----------------|---------------|
| Scope   |                   | Te Reo   | Whanaungatanga | Total support |
| 5   |                   | 1  | 9              | 15            |
| <i>Theme</i>                                    |                   | <i>Positive Responses</i>  |                |               |
| Revised Scope of Practice                       | Tiriti o Waitangi | <ol style="list-style-type: none"> <li>1. Embedding Te Tiriti o Waitangi in practice and the provision of culturally and clinically safe care to whānau.</li> <li>2. If the principles of Te Tiriti o Waitangi are embedded in our scope this can only be good for not only whānau Māori but for all.</li> <li>3. Support the commitment to embedding Te Tiriti o Waitangi.</li> <li>4. The importance of a te Tiriti o Waitangi lens being utilised to write this new scope is good.</li> <li>5. Support the shift to Tiriti-honouring practice and whānau-centred care, it is an inclusive approach to Māori knowledge, values and practice and strengthened use of Māori language.</li> </ol> |                |               |
|   | Te Reo            | <ol style="list-style-type: none"> <li>6. The increased use of te reo and mātauranga Māori and the realignment to situating pregnant people in their communities and whānau, instead of individualising their experience of pregnancy.</li> <li>7. The use of the word "whanau," successfully encompasses all people that are involved in the journey through the perinatal period.</li> <li>8. The language has been changed to reflect te ao Māori and the diverse genders who may experience pregnancy and may not identify with the term's "woman" and "mother."</li> </ol>  |                |               |

|   |                |   |
|---|----------------|---|
|   | Whanaungatanga | <p>9. Absolute support for gender inclusive language.</p> <p>10. Support the changes proposed around not using the word "woman" or "mother".</p> <p>11. Well done for making your guidelines more inclusive.</p> <p>12. As a healthcare professional and a member of the transgender community I am pleased that you have taken this step to be more supportive.</p> <p>13. For gender diverse people, as well as Tangata Whenua and beyond.</p> <p>14. Consistent with the principles of safe, inclusive, and ultimately equitable care for trans, non-binary, takatāpui<sup>9</sup> and other gender diverse people and whānau.</p> <p>15. It recognises that birth is a family/whanau event.</p> <p>16. Makes sense from a tangata whenua point of view and I know how important it is for birthing people who are not women. I imagine this is a low percentage but still important to be inclusive as everyone deserves the same quality of care). Being inclusive in your language doesn't exclude others which may previously have enjoyed the privilege of being solely named, even when it can feel that way.</p> <p>17. Timely step forward to achieving equity for all birthing people and their whanau.</p> <p>18. Support for gender inclusive language for all those needing to engage in perinatal care.</p> |
|   | Whakakotahi    | <p>19. Being inclusive in this way doesn't erase women or mothers, or people from cultures which are not as family-focussed in their approach to pregnancy, birth, and life.</p>  |
| <p><i>"We applaud the commitment to Tiriti-honouring practice in the revised scope through the centering of whānau as the smallest unit of care by the kahu pōkai   midwife. We strongly agree with the council that the shift to Tiriti-honouring practice and whānau-centred care will have benefits for all people in Aotearoa."</i></p>   |                |   |
| <p><i>"We strongly agree with the council that the shift to Tiriti-honouring practice and whānau-centred care will have benefits for all people in Aotearoa. Further, we affirm that these aspects of the revised scope are consistent with the principles of safe, inclusive, and ultimately equitable care for trans, non-binary, takatāpui, and other gender diverse people and whānau".</i></p> |                |   |

<sup>9</sup> Takatāpui / Irawhiti Takatāpui: Transgender Rainbow Māori Takatāpui is an umbrella word and an individual identity, which refers to all rainbow people – including transgender, pansexual, lesbian, queer, gay, bisexual, and some asexual people. Irawhiti is an umbrella word and an individual identity, which refers to all transgender people; including binary, non-binary, and some intersex people ([Gender Minorities Aotearoa](#)) (Rainbow represent lesbian, gay, bisexual, transgender and queer pride and solidarity (Dreyfus 2015).

### Positive feedback with concerns (22) Scope of Practice

Twenty-two (22) positive feedback concern submissions. They were supportive of the revised Scope of Practice and the mahi undertaken by the CRG, however the twenty-two (22) also had some concerns. Some of the submission were lengthy and comprehensive.

| <i>Positive with Concerns (22) Scope of Practice</i>   |                   |   |                |                |
|--|-------------------|---|----------------|----------------|
| Scope  |                   | Te Reo  | Whanaungatanga | Total concerns |
| 5  |                   | 4   | 13             | 22             |
| <i>Theme</i>   |                   | <i>Responses</i>  |                |                |
| <b>Revised Scope of Practice</b>   | Tiriti o Waitangi | 1. Applaud ... for honouring and empowering Te Tiriti o Waitangi in the revised scope of practice.  |                |                |
|  | Te Reo            | 1. Applaud the council for their hard work in creating a Māori language version.  |                |                |
|  | Whanaungatanga    | 1. Applaud the inclusive intention of this document.<br>2. Appreciate the holistic and inclusive sense of this document.<br>3. Emphasis on whanau-centred care is particularly welcome and better reflects birthing in Te Ao Māori<br>4. Understand the need to address equality for all communities. |                |                |
| <b>Questions to be answered:</b>   |                   |   |                |                |
| <ol style="list-style-type: none"> <li>1. What happens if the family (whanau) are resistant to anything an LGBTQ+/non binary mother wants?</li> <li>2. Who does the midwife/kahu pokai serve?</li> <li>3. Does the word "whanau" recognise LGBTQ+ issues?</li> <li>4. What about education, prescription, and infant not baby and not women.</li> <li>5. More generally, what about domestic violence, financial vulnerability, and other issues?</li> </ol>   |                   |   |                |                |
| <p><i>"It certainly reads better than the initial one. However, I am still dismayed that the words "woman" or "wahine" and "baby" or "pēpi" are completely absent from the scope, which is the legal description and definition of midwifery in Aotearoa/New Zealand. I understand that the word whānau is used instead. To me this brings anxiety as to what my practice /mahi is to be. To use a word with potentially such a wide age range/ relationship to the māmā is alarming. I am not prepared to provide care to babies older than 6-8 weeks or to men".</i></p> |                   |   |                |                |
| <p><i>"We understand the need to address equality for all communities that midwives work alongside, especially Māori. We accept the revised SOP<sup>10</sup> is intended to be inclusive of all whānau in Aotearoa but is concerned that the SOP excludes any reference to the pregnant person's right to personal autonomy when making decisions about their own health care."</i></p>  |                   |   |                |                |
| <p><i>"I know that the role of a midwife/kahu pokai can include working with extended family and this approach/workload needs to be recognised. But (again) the whole family is not giving birth, one woman is. This needs to be overtly recognised by acknowledging and including terms such as mother or women. The challenge of including LGBTQ+ and non-binary people may, or may not, be resolved by using the word whanau."</i></p>  |                   |   |                |                |

<sup>10</sup> SOP Scope of Practice

### Negative Feedback (363) –

Three hundred and sixty-three (363) mixed concerned submissions were received. Majority of the negative submitters were angry and upset with the suggestion to change woman to whānau. The other contentious discussion was te reo, translations and Tiriti o Waitangi within the scope.

| <i>Negative responses raised by submitters (363)</i>  |                   |   |                |
|---|-------------------|---|----------------|
| Scope   | Te Reo            | Whanaungatanga  | Total Negative |
| 26  | 33                | 304   | 363            |
| <i>Theme</i>  |                   | <i>Responses</i>  |                |
| <b>Revised Scope of Practice</b>  | Tiriti o Waitangi | 1. Appreciate and applaud the Council incorporating te Tiriti principles - this is absolutely overdue, and a step in the right direction, but this document does not serve the purpose it's meant to.   |                |
|   | Te Reo            | 1. I am fully supportive of adding more words and terminology into guidelines, to include expectant parents and whanau who may have felt excluded, including those with specific gender identity and cultural needs. As a pregnant woman, I am horrified by the removal of the word's woman and mother from the guidelines.<br>2. I applaud the inclusion and importance of Māori language in the document, and the need for all midwives to be culturally skilled. |                |
|   | Whanaungatanga    | 1. I disagree with the removal of the word's women and mother from the scope. I accept a Māori view that whanau is an appropriate term within Māori culture.<br>2. I support trans rights, they have a right to set up their birth care as they like, including language, but their preferences cannot then be imposed on everyone else   |                |
| <i>"I would expect in a document which focuses on te ao Māori would demonstrate an understanding of key principles, in particular whakapapa, that which connects us all to each other and to the whenua."</i>   |                   |   |                |
| <i>"Overall these are positive steps to incorporate the treaty as a central tenet to our healthcare. However, the text moves too far away from centering the mother and baby in this process. Whilst this is a part to the Māori worldview, our community at large needs to provide the women with agency and empower her decisions during all aspects of her healthcare. She may not want or have a whānau to include, and her pregnancy care may be detrimental if it includes consultation with her wider community and the revised wording as it stands could be a barrier to women seeking appropriate healthcare during pregnancy."</i> |                   |   |                |

### Combined – Positive with concerns & Negative feedback

This section is a combination of the Positive feedback with concerns and the Negative feedback. These were combined as the submitter's views were similar. **This section includes the 4 other themes. - Whanaungatanga/ Te Reo / Te Tiriti / Whakakotahi.**

The first part of the table identifies the numbers and particular area of concern. The second part of the table provide an overview of the submission's comments and not the number of submissions.

## 4. WHANAUNGATANGA (RELATIONSHIPS, WOMEN / TRANSGENDER / WHĀNAU)

This theme whanaungatanga (wahine, whanau, and transgender) attracted the greatest number of concerns.

**Three hundred and eleven (311) submissions** raised issue with reference to women being removed from the SOP. Confusion was raised around why woman was removed, and many blamed Māori wanting whānau instead of women, others cited transgender not identifying as woman.

| 3. Whanaungatanga (relationships, women / transgender / whānau)  |  |                    |
|--|--|--------------------|
| Trans / LBQT   | Wahine remove  | Whānau terminology |
| 17   | 311  | 35                 |
| Issue collated   | <b>Responses about Women</b>   |                    |
| Eliminate Woman<br>Marginalised Assurance<br>Te Ao Māori Identity<br>Dual name<br>Woman centre care                                  | <ol style="list-style-type: none"> <li>By eliminating the terms 'woman/wahine' and 'mother/mama' we could be seen to be abdicating responsibility to wahine/women.</li> <li>I do not believe either the bulk of the midwifery profession or the New Zealand public as a whole support the removal of women, wahine, mothers or babies from the scope of midwifery practice.</li> <li>You are not being inclusive! I feel marginalised and excluded.</li> <li>We are seeking reassurance that the pregnant woman, wahine or person remained visible and central to midwifery care, and that their needs and rights were not reduced in any way.</li> <li>You don't have to omit woman or mother. Why not retain woman then add whatever other identities there are so it can look like this, "...woman/ trans-woman/ trans-man..." "Mother/parents."</li> <li>Please reinstate her as the centre of our care, surrounded by whānau. Replacing 'whanau' is divisive and non-inclusive for non-Māori parents who just happen to be the majority living in New Zealand.</li> </ol>   |                    |
| Issue collated   | <b>Response Whanau</b>   |                    |
| Whānau<br>Odd not inclusive<br>Generalists<br>Different cultures<br>Insulting<br>Trojan horse<br>Support but want māmā.<br>Dual word | <ol style="list-style-type: none"> <li>I support the addition of whanau into the document but not at the exclusion of the word woman and mother.</li> <li>Appropriate, inclusive etc but it seems very odd that the term "whanau" is used throughout without any special mention of the woman or mother who's going to be getting pregnant and giving birth.</li> <li>Concerned about the use of the word whanau to represent the woman as it is noticeably clear from the way the scope is written that the specialised role of the Midwife will cease to exist and Midwives will be expected to become generalists, responsible for the health needs of the entire family.</li> <li>Family structures are different for different people, and the word whanau is not the best descriptor for a lot of people.</li> <li>If a person wishes to use the word whanau, then so be it but to assume that people who give birth do not wish to be referred to as Woman or Mother is quite frankly, insulting, and presumptuous.</li> <li>Sometimes the whole whanau may want multiple, competing outcomes.</li> <li>The adoption of the word "whanau" appears to be a Trojan horse for removing reference to "women" as the only biological sex that is able to give birth - perhaps to appease a minority viewpoint that use of this word (and the term mother) is somehow harmful to people who have decided to alter their gender.</li> <li>I support the move to use "whānau" in the guidelines. I find it sad it is at the expense of māmā. I feel the challenge, suffering and power of the individual woman through pregnancy, birth, breastfeeding, and birth injury is something unique and deserving</li> </ol> |                    |



|  |   |
|--|---|
|  | <p>of special recognition.</p> <p>15. Whānau is absolutely important and traditional, so why not have something similar to "woman including whanau....".</p>  |
| Issue collated   | <b>Response Dual word</b>   |
| <p>Option</p> <p>Birthing person</p> <p>Women remain visible.</p> <p>Dual word</p> <p>Honorary title</p>   | <p>16. Instead of choosing to create a new inclusive category for "birthing persons", you are happy to erase the very identity of those you claim to serve.</p> <p>17. Understand the desire to be inclusive of trans identifying females who prefer to not be referred to as women and would like to be addressed in different ways. However, there are several ways to do this without excluding women. You could have a separate link for trans people, use words interchangeably, or add word.</p> <p>18. You can / should use the word women in our scope alongside gender neutral terms or a statement of inclusion of gender-diverse or takatāpui.</p> <p>19. Why not retain woman then add whatever other identities there are so it can look like this, " ...woman/ trans-woman/ trans-man..." "Mother/parents." "If this is about being inclusive, there is scope for terms to be used alongside each other.</p> <p>20. "If you wish to include others such as transgenders who I believe are only a very minor part of the population, find a new terminology to add to the existing, not erase one that is an honorary title. "</p>   |
| Issues collated  | <b>Responses transgender</b>  |
| <p>Embrace</p> <p>Inclusive</p> <p>Respect</p> <p>Respect</p> <p>Language will not change racism</p>   | <p>21. Considering a small percentage of trans men are having babies - why are you comfortable ensuring you use "inclusive" language, so you don't offend, but it's okay to offend or hurt those who want to be called woman and mothers.</p> <p>22. Embrace all people on their journey from conception to parenthood, no matter whether they identify as cis- or transgender, or as non-binary.</p> <p>23. Helpfully, "woman" is an inclusive term already, as it includes non-binary females and trans-men (i.e. biological females) who wish to give birth, because it encompasses all adult humans whose sex is female. Similarly, "mother" as a noun refers to the woman who is pregnant and gives birth, and helpfully "mother" as a verb covers any female partner or trans-woman/biological male who wishes to "mother" the child after its birth.</p> <p>24. Let us treat the minority (trans people) with respect, whilst also respecting biological women.</p> <p>25. Supportive of addressing gendered language in the health sector, and in particular, using language that is inclusive of all New Zealanders, including people who identify as non-binary or transgender.</p> <p>26. The challenge of including LGBTQ+ and non-binary people may, or may not, be resolved by using the word whānau.</p> <p>27. The excuse that the language change is to promote inclusivity has no merit. According to figures compiled by Medicare for Australia, 75 male-identified people gave birth naturally or via C-section in the country in 2016, and 40 in 2017.</p> |
| <b>3. Whanaungatanga Quotes</b>  |   |
| <p>"As a survivor of sexual abuse, I got knots in my belly when I read the proposed wording. The idea of my whānau having input makes me feel physically ill".</p>   |   |
| <p>"Within te ao Māori women hold specific status within whānau, hapu, iwi and this is communicated with words (wahine/ wāhine, wahine toa, mana wāhine, mama). Removal of these words is not consistent with matauranga Māori."</p> |   |
| <p>"A midwife's duty is to the pregnant person first and foremost, no matter whether they identify as cis- or trans-gender, or non-binary".</p>  |   |

Eight (8) submitters raised issue with “Beaumont said using the word “woman” also excluded people who give birth and make use of midwifery services, but do not identify as women” and asked for the Council to provide the statistic to validate this claim.

## 5. TE REO (DEFINITION/ TRANSLITERATION)

This is a major issue and caused confusion and anger from both Positive with Comments of Concern and Negative responders. Like the previous theme, the word “whānau” has triggered concerns many blaming Māori desires to implement this word.

| <i>4. Te Reo (Definition / Transliteration)</i>  |  |                                |  |
|--|--|--------------------------------|--|
| <i>Reo</i>   | <i>Word Explanation</i>  | <i>Dual Word</i>               | <i>English</i>   |
| <i>59</i>  | <i>41</i>  | <i>32</i>                      | <i>30</i>  |
| 33 submitters main issue was the use of te reo, 17 cited te reo their other objection (women) or (SOP) exemplified below | Many gave their version of the word whānau, others seeking clarification   | Offered to use wahine / whānau | Concerns that te reo text had no English, whereas the English version had te reo |
| <i>Theme</i>   | <i>4. Te Reo / Response</i>  |                                |  |
| Traditional words  | <ol style="list-style-type: none"> <li>1. The word kaiwhakawhanau is preferable to kahu pokai as a term for midwife.</li> <li>2. Whanau is not an accurate or acceptable substitution.</li> <li>3. What about Te reo? It's not ok to say woman but you can say wahine.</li> <li>4. What happened to 'Whāea'?</li> <li>5. Where are the words 'Hapū' and 'Hapūtanga'?</li> <li>6. Where are the words 'Koka,' and 'Pēpi'?</li> <li>7. Where are the words 'Whakawhānau' and 'Wahinewhakawhānau'?</li> <li>8. Where are all the words in Te Reo Māori belonging to the Wāhine Māori of New Zealand?</li> </ol>   |                                |  |
| Te Whare tāngata<br>Inadequate translation<br>Gendered language<br>Taonga  | <ol style="list-style-type: none"> <li>9. It is argued by the midwifery project group that the presence of te whare tangata is implicit rather than explicit, but we should be careful of throwing the proverbial pēpē out with the bathwater and in so doing erasing the cultural significance of womanhood.</li> <li>10. It leads to better understanding among tauwi midwives of the central importance of whanau to Māori, beyond the inadequate translation as 'family.'</li> <li>11. Not all Māori women are familiar with te reo and may opt for the English version.</li> <li>12. Te Reo is a gendered language. (Why is it Difficult for the Tangata Tiriti members because English is a “gendered language”</li> <li>13. Te reo is a taonga and words pertaining to the status and esteem of wāhine/ women are taonga and should not be suppressed.</li> </ol> |                                |  |
| English only<br><br>No English in te reo   | <ol style="list-style-type: none"> <li>14. The Scope will be published in English and Māori, the English version should be in English only, just as the Māori version is in Māori only. The English version should not include Māori words such as whānau.</li> <li>15. The Māori version appears to read fluently - without fragmentation by the inclusion of English language terminology. The English Language version is fragmented by the inclusion of translated words and therefore does not make for easy reading.</li> <li>16. The Māori version, however, this is extremely confusing as it switches between Māori language and English language (some of which is conceptually difficult to grasp in itself!). I cannot conceive why this has been done when the full version in</li> </ol>   |                                |  |

|   |  |
|---|--|
|   | <p>Māori is already written clearly above.</p> <p>17. The use of Kupu Māori and stating a whanau centric lens is applied will not result in positive experiences and outcomes for Whanau and Kahu Pokai unless as a collective there is a willingness to change the current racist culture that exists within midwifery.</p> <p>18. “Treaty of Waitangi” and only “Midwife” in the English version please</p> <p>19. Use the English words alongside te reo Māori, the use of whānau without the English “family” feels “exclusionary” of many recent migrants to this country who may struggle with English and may have no understanding of te reo Māori. Including “family” alongside whānau will help to include this significant minority in our population.</p> <p>20. You could leave the mixed language version for those that can read some Māori and create a third, fully English language.</p> |
| <p>Define<br/>Whānau<br/>Tikanga<br/>Ako<br/>matauranga</p> | <p>21. Don't understand what "whānau", "mātauranga Māori", "tikanga", or “ako” mean.</p> <p>22. The Treaty and Māori knowledge (mātauranga Māori) are not consistent with medical science.</p> <p>23. Understanding of te reo Māori. Including “family” alongside whānau will help.</p> <p>24. Will you be publishing the definitions of whānau and infant.</p> <p>25. Whānau as a noun may have various translations – including offspring, family group, family, and a familiar term to address a number of people – so it is ambiguous in English where context is lacking.</p>   |
| <p>Wahine<br/>terminology</p>                               | <p>26. The word "woman", "mother", "māmā", "wahine" should be included alongside "whanau" in the te reo version and "family" in the English version to ensure inclusivity.</p> <p>27. The words "wahine" and "mama" used almost universally in other maternity care material in New Zealand are also not used anywhere in the English language version of the document.</p> <p>28. To include te reo terminology in your literature does not mean you exclude being a woman or wahine or mum or māmā.</p>  |
| <p>Summary</p>  | <p>29. The Scope was written in Te Reo with no English and the English version had Te Reo.</p> <p>30. The use of “whānau,” what does it mean, several kindly offer their version and cited various dictionaries.</p> <p>31. Thirty two (32) offered the use of dual words but including woman / wahine.</p>  |

### **Giftng of the name**

The Midwifery profession was gifted Kaiwhakawhānau as the Māori name for Midwife from the NZ College of Midwives Kuia, Mina Timutimu (herself a first language Te Reo speaker). Mina consulted widely with Iwi, Māori Women’s Welfare League, and Nga Maia. The consultation process for the new Māori term for midwife (kahu pōkai) is not obvious and requires some overt explanation as to why change was necessary.

Takatāpui / Irawhiti Takatāpui: Transgender Rainbow Māori Takatāpui is an umbrella word and an individual identity, which refers to all rainbow people – including transgender, pansexual, lesbian, queer, gay, bisexual, and some asexual people. Irawhiti is an umbrella word and an individual identity, which refers to all transgender people; including binary, non-binary, and some intersex people ([Gender Minorities Aotearoa](#)).

## 6. TE TIRITI O WAITANGI (TIRITI / PARTNERSHIP / CONSULTATION)

There were several comments from positive and negative forums that alluded to the use of Te Tiriti o Waitangi and its relevance to midwifery. Much of the submitters voiced the position of wahine within the document and their significance and rights under the Tiriti being silenced in the document.

| <i>5. Te Tiriti o Waitangi Positive Responses</i>  | <i>5. Te Tiriti o Waitangi Negative</i>  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Demonstrates a positive evolution of how Tangata Whenua and Tangata Tiriti can work together collaboratively and meaningfully in Aotearoa.</li> <li>2. Moving the profession to using a Te Tiriti o Waitangi framework and cultural safety but I personally feel that that a more circumspect response to what is significant cultural change in the midwifery world view would better serve all who work within the profession as well as for those wahine/women/pregnant people accessing maternity services.</li> <li>3. Supports honouring Te Tiriti o Waitangi partnership and incorporating te ao Māori world view into the Scope. For Māori members of the board, this revised scope is welcomed as a document that reflects the manner in which they provide care.</li> <li>4. The obligations under Te Tiriti o Waitangi, strengthen the everyday use of Te reo Māori within both midwifery and wider community.</li> <li>5. We are stronger in terms of meeting Te Tiriti goals with the inclusion of partnership and Turanga Kaupapa, so this needs deeper thought.</li> <li>6. We endorse Te Tiriti o Waitangi honouring nature of this document that upholds Tangata Whenua and Tangata Tiriti as equal partners. By adopting a Te Tiriti o Waitangi honouring perspective this firmly embeds cultural safety as a core component of the revised document and ensures it has equal status alongside clinical safety.</li> </ol> | <ol style="list-style-type: none"> <li>1. I disagree with your assertion that the revised scope of practice upholds the mana of Tangata Tiriti worldviews.</li> <li>2. Gender ideology is not based in Te Tiriti or in mātauranga Māori, it is a radical Western concept.</li> <li>3. Have you considered the rights of Māori Woman in relation to Te Tiriti O Waitangi, in particular the principle of Protection?</li> <li>4. Since when do Māori get to call these shots? Since when has giving birth become a right for some Māori righteousness to decide how a midwife refers to someone?</li> <li>5. Te Tiriti honouring is not at all reliant on their removal (wahine)</li> <li>6. Te Tiriti o Waitangi framework why would we delete the word wahine?</li> <li>7. The removal of the words women and mother are in fact, not motivated by te Tiriti, but rather to ensure that the tiny number of biological women who identify as a different gender feel included then you are subsuming the needs of the vast majority of women in order to cater for a handful.</li> <li>8. Trying to use Te Tiriti to erase wāhine Māori from birth.</li> <li>9. We object to our language, a Taonga under Te Tiriti o Waitangi, being appropriated in this way.</li> <li>10. Within the context of a Te Tiriti o Waitangi framework why would we delete the word wahine</li> <li>11. "Your move to completely remove the words "woman" and "mother" from your Scope of Practice., is even more ridiculous, this move was claimed to be based on and required by Te Tiriti o Waitangi."</li> <li>12. "Your website states "Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai   midwife in Aotearoa New Zealand." What part of the Treaty relates to midwifery."</li> </ol> |

### 5. Te Tiriti o Waitangi Theme / Consultation Responses

1. Sneaking around behind everybody's back, without consultation, trying to use Te Tiriti to erase wāhine Māori from birth.
2. As an absolute minimum you should seek public consultation. To continue without women is an exclusive not inclusive step.
3. You cite a consultation with Māori, it screams a lie.
4. As for consultation with Māori, more absolute rubbish. Consultation does not mean talking amongst yourselves!! Wahine are the cornerstone of Māori whakapapa and as such can never be discounted or relegated to a back position in society or anywhere else.
5. What consultation has been done to investigate how these changes will impact women and their experience of pregnancy and birth?

### 5. Te Tiriti o Waitangi Theme / Partnership Responses

1. Use of the word whānau takes away the autonomy of, and control by, the pregnant person and partnership at the centre of a midwife's practice.
2. It is the midwife who brings professional knowledge and guidance to work alongside, in partnership with wahine, to ensure a successful outcome.
3. There is no reference to the relationship of partnership nor of autonomous practitioner.
4. The meaning of whānau as being 'family' is well entrenched, there will need to be lots of education for midwives around how 'whānau' is being defined/ for them to understand that 'woman' has not been lost and neither has partnership or autonomy.
5. We are taught to work in partnership with women, placing them in the centre of our care.
6. It is shocking that the partnership with women is no longer front and central to the NZ model of midwifery, replaced by the Treaty!!
7. Partnership has been highlighted as a foundational principal of Te Tiriti so is it not in conflict with the need to better reflect Māori values, and providing care to a diverse clientele that may not identify as women.
8. Partnership would demand rather than remove wahine/women, and whaea/mother and their special relationship with her pepi/newborn baby.

## 7. WHAKAKOTAHI (INCLUSIVE / VIOLENCE / DEHUMANISING)

Majority of the submitters raised objection to the word "women" being excluded, when the Scope is supposed to be inclusive. Numerous submitters suggested including other words rather than entirely excluding women. One hundred and five (105) submitters raised the issue of inclusive and fifty-six (56) raised the exclusive nature of the scope. Twenty-six (26) were concerned that violence was not addressed and six (6) felt the scope was dehumanising.

### 5. Whakakotahi Theme / Dehumanising

1. It is a continuation of the dehumanising language now being attributed to women.
2. It is dehumanising for women to lose the ability to be referred to as women.
3. It is dehumanizing in an effort to be inclusive.
4. Language matters a lot and dehumanising women at that time of our lives is cruel,
5. Removing key words such as 'women' and 'mothers' to appease a tiny minority who self-identify as 'men' is demeaning and dehumanising for the overwhelming majority of the female population.
6. Wahine/woman which everyone understands is removed and replaced with lengthy and dehumanising descriptions.

| 6. Whakakotahi Theme / Inclusive  | 6. Whakakotahi Theme / Exclusive  |
|---|---|
| <ol style="list-style-type: none"> <li>1. I am fully supportive of adding more words and terminology into guidelines, to include expectant parents and whanau who may have felt excluded, including those with specific gender identity and cultural needs. As a pregnant woman, I am horrified by the removal of the word's woman and mother from the guidelines.</li> <li>2. If it's not offensive to tangata whenua to say māmā and whānau - that feels inclusive to me.</li> <li>3. Inclusivity is not about elimination,</li> <li>4. The use of "inclusive language" has deleted the word "mother" and "women."</li> <li>5. To be truly inclusive, rather than excluding those who identify as women and mothers, I believe it would be better to include alternative terms alongside women and mother and keep women and those who identify themselves in other terms at the centre of midwifery care.</li> </ol> | <ol style="list-style-type: none"> <li>1. Having non gendered language is exclusive of the majority of women.</li> <li>2. Just do not exclude the very people you are there to stand for.</li> <li>3. My understanding of what inclusive language in healthcare means is that it includes, rather than excludes.</li> <li>4. While attempting to include the very few who might feel excluded, you are side-lining and excluding the huge majority and bulk of your clientele - the MOTHERS.</li> <li>5. Your attempt to exclude women and use incongruous language offends me and denigrated women.</li> </ol> |

#### 6. Whakakotahi / Violence

1. Wahine and pepe suffer unacceptable levels of abuse within the whanau structure, by not acknowledging wahine (women) makes them more vulnerable.
2. As you know domestic violence is a terrible problem in New Zealand. By far the most overwhelming nature of this violence is male violence against female partners.
3. I have some fear that this change in the Scope of Practice might exacerbate instances of coercive control by abusive partners and family members.
4. There may be instances of family violence and other means of power and control, whereby the woman may be forced to subject herself/her body to unnecessary interventions other whanau members believe to be "for the best."
5. What if the woman is isolated and vulnerable?
6. Who are close to her, which to me is a dangerous attitude to normalise, especially considering situations where domestic violence or familial coercion could be a factor.
7. Women in relationships with men who exercise coercive control, intimate partner violence or abuse of existing children.
8. Working party would be well aware that women still die from unsafe abortions, in childbirth, experience domestic violence, obstetric violence and ongoing violations of their human rights.

## PARTING WORDS

***Whānuitanga o Te Mahi (SOP) Summary identified the main issues, Aotearoa / New Zealand is a dual name and people are slowly adapting to Aotearoa. A Scope of Practice written in simple text is less likely to cause confusion.***

## **APPENDIX I Submitter Groups**

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1. Christchurch Mothers 172
2. Collective of researchers, academics, policy advisors, midwives, and community practitioners working broadly in trans health. We include members of the trans pregnancy care project team and the trans health research lab that leads 'counting ourselves national trans and non-binary healthy survey 377.
3. Feminist Older Women Lobbyists (Fowl)375
4. Midwifery Clinical Leadership of Waitaha – Midwife Mangers and Clinical Midwife Managers, Clinical Coordinating Midwives and Te Waipounamu Maternity Quality and Safety Coordinators. 366
5. Mothers Group (17)
6. MSCC 304
7. Ngā Maia Trust Board 399
8. NZCOM 400
9. RANZCOG 355
10. Six Tangata Whenua Representative 317
11. Sovereign Women of New Zealand, The Mana Wāhine 316
12. Speak Up for Women.309
13. The Auckland Women's Health Council 383
14. The Federation of Women's Health Councils (FWHC) 2266
15. The Nursing and Midwifery Board of Australia (NMBA) 397
16. The School of Midwifery, Ara Institute of Canterbury Te Pūkenga 396
17. We - Suffragettes 274
18. Women's Health Action 360

## **Identified Groups missing.**

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1. The New Zealand Māori Council,
2. Māori Women's Welfare League,
3. Iwi authorities,
4. Women's Refuge,
5. The Council of Women
6. Birthing parents
7. Mana Wahine Joint Research Komiti