

**NZCOM REPORT FOR MIDWIFERY WORKFORCE GROUP CMH  
(Counties Manukau Health) FRANKLIN LMC REPRESENTATIVE  
2018 – 2019**

I have been the NZCOM representative for the Midwives working out of the Franklin District for the last 4 yrs. The Franklin/Pukekohe Midwives are all designated Rural/Remote Rural midwives and the area is geographically large and diverse.

The meetings are held at Middlemore Hospital monthly and for 2 hrs – so travel to and from these meetings is a commitment.

The purpose of the meetings is to appropriate workforce capacity and communication across the maternity care continuum to provide quality care that is women and whaanau centred and reflects the NZ Maternity Model of Care.

Membership includes representation from:

Maaori

LMCs Midwife representatives from each of the 7 geographical areas of CMH – Papakura/Manurewa, Otara/Mangere, Manukau/Papatoetoe, Eastern Suburbs, Franklin.

CMH Employees representing - Community Midwives, Primary Birthing Units, Birthing & Assessment, Midwife/Nurse Educator, Maternity Ward.

Primary & Community Directorate representing – Maternity Quality & Safety Co-ordinator, DHB/LMC Liaison Midwife

Profession Groups representing – NZCOM Rep, MERAs, NNO, Midwifery Advisor (Elder)

The Midwifery Workforce Group also is responsible to the Maternity Strategic Group. But most importantly the function is to provide a forum for open communication between all parties to enhance the care of women and babies. And this comes out of the Workforce Action Plan which is in partnership with Women's Health and based on the strategic Maternity Workforce direction, recruitment and retention to increase the availability of midwives. Extremely topical over these past 2 years.

DISCUSSIONS THIS YEAR 2018/2019 HAVE INCLUDED:

- A predominance around workforce, strikes, staffing issues in Maternity Unit generally, but particularly Birthing & Assessment Unit. This workforce shortage stress involves LMCs as they cope with providing primary care which flows into 2<sup>nd</sup> care and LMCs have difficulty coping with the demands of LMC practice. Also the high acuity and complexity of patient care has increased significantly in the CMH area
- Guidelines and the impact on workloads in all areas. Increasing communication and guides for consultation & transfer of patients requiring IOL. Preterm labour instrumental delivery in OT/LSCS, decreased fetal movement, prolonged latent phase etc

- Setting up a Pastoral Care advisory/support group
- Updating processes for supporting LMC's when they have a poor outcome
- Lobbying for MPS payment beyond the first year of practice
- Interface/Relationship issues between LMCs and Maternity Unit
- Mental Health in Pregnancy
- MCIS/Badgernet computer network updates
- Updates on CMH statistics
- Health & Safety Orientation for LMCs
- LMC Role in guidelines both development & updating
- Clinical Indicators

The monthly meetings are well attended and in depth discussion occurs. It is a great forum for LMC's and DHB employed staff to gain greater understanding of each others roles and frustrations as well as understanding the working environment of the whole organisation. It is certainly very beneficial, particularly, for LMCs' to feel they can discuss issues occurring for women in their geographic areas, as needs are very different. It is the Representatives responsibility to feed back to the LMC groups they represent.

I believe CMH works very hard in enabling interaction at all levels of the workforce in the Maternity Sector, and we are very fortunate to have this support.

Probably one of the most positive outcomes from these meetings has stemmed from the Pastoral Care initiative and more importantly the "interface" issues. NZCOM rep Sarah Nicholson has been instrumental in setting up a resolutions meeting with Carolyn Young as the facilitator for both LMCs and DHB staff. The meeting is to be held 22/7/19.