

## **Summary Report of Mandated Midwives<sup>1</sup> meeting with NZ College of Midwives (NZCOM) on Tuesday 30<sup>th</sup> July 2024 at the Hillier Centre, Gloucester Road, Mt Maunganui.**

### **Present:**

#### **Mandated Midwives from the Aku Huia Kaimanawa Midwives Collective<sup>2</sup>:**

Anne Sharplin; Amo Ferris; Judy Bellamy, Karene Clark; Mela Levinsohn; Sarah Gilbertson; Helen Turner; Priscilla Ford; Lindy Bingham; Judith Couch; Nikki Woodfield; Conny Micosh; Katrina Woodham; Twink Drayton; Brenda Hinton

### **NZCOM:**

Alison Eddy; Violet Clapham; Bobbie-Jane Cooke, Kelly Pidgeon; Christine Byrne; Cara Kellett

### **Background:**

The meeting was called in response to communication between members representing Aku Huia Kaimanawa Midwives Collective, and Alison Eddy (CEO of NZCOM) as an attempt to instigate a reconciliatory process for midwives who could not continue their midwifery positions (due to not being vaccinated) when the Government mandated the Covid 19 vaccine for health providers, including midwives, on November 15<sup>th</sup> 2021.

Out of the estimated 200 midwives who left at that time, many have not returned to midwifery subsequent to the mandates being lifted in October 2022 due to grievances felt by a perceived lack of support; being 'invisibilised', and having their voices censored by their membership organisations, as well as Government and mainstream media.

A lack of acknowledgment that the ensuing shortage of midwives was largely due to the departure from midwifery of midwives refusing the Covid19 vaccine, further contributed to the above sentiments. There was also no acknowledgement of the tangible negative impacts to midwives' lives and careers through no longer being able to practice midwifery legally and the loss of income, as well as impacts on individual and family wellbeing that happened as a subsequence of the Covid19 vaccine mandate being enforced. The feeling of being sidelined and invisible was compounded by the subsequent years during and after the mandates where no attempt at reconciliation was made and NZCOM continued, and still continues to actively promote Covid19 vaccination, including for pregnant women, beyond the original 'pandemic response'. This is perceived by the Mandated Midwives as contrary to a neutral stance to support women's freedom to choose, as well as being seen to contribute to an increase in a promoted 'medicalisation' around pregnancy and birth that is particularly sensitive to many of those practicing in the Home Birth space.

The midwives who accepted the mandates, whether willingly or not, were impacted by an increase in workload, which also contributed to a sense of division and resentment around not only the work impacts, but also the divergent ideological belief systems around Covid19 as an illness, the Covid19 vaccine, and the Covid19 Vaccine Mandate.

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*"We are aware that there are midwives who have been adversely affected by the mandate, and our hope is that by being together and hearing each other's perspectives, we can begin to rebuild relationships and trust. Therefore our intention for the meeting would be:*

- To listen to the experiences of midwives who were affected by the mandate,*
- To discuss the College's processes, decision making and position around that time,*
- Clarify any points of uncertainty or possible misconceptions*

*We would hope that those who wish to attend the meeting are open to this approach and aim. I would anticipate also involving local College representatives or members as well as my self and Violet from the National office."*

*NZCOM's CEO Alison Eddy 2024*

The meeting was facilitated by an independent Facilitator with no professional midwifery connection.

The meeting was scheduled to run from 9am to 3.15pm, with the morning session allocated to a range of topics read as personal story accounts for or by a Mandated Midwife, with the afternoon session focusing on a pathway forwards.

**The meeting was opened by Hatiwira Tutaengahue with a Mihi Whakatau and karakia followed by waiata.**

### **Further Parameters/guidelines for the meeting**

The facilitator set out communication intentions in terms of using NVC (non-violent communication) and encouraging people to listen deeply, and sit in the feelings that the stories invoked without judgement. In order to speak freely, and to listen deeply both parties were encouraged to accept that despite the cognitive dissonance between polarized beliefs around the safety and efficacy of the Covid19 vaccine underpinning the Mandate, each person's position was their own truth based on the information received/researched at the time, and being dismissive of people's own truth was not conducive to forging a pathway towards a concept of Hohourongo<sup>3</sup>.

It had been agreed in the pre-meeting zooms held by the facilitator with both parties independently, that although the topic of Covid19 vaccine safety and efficacy may be included in the Mandated Midwives stories, this was not to be a forum for debate on the safety and efficacy of the Covid19 vaccine as a standalone topic.

Due to the potential triggering from emotive content shared, breakout rooms were available for each party to utilize if 'time out' was needed. Anybody could call time out, and this option was utilized during the morning session, including subsequent to one of the MM's stories being presented that was taken personally by an NZCOM representative present in the room. Although no names were mentioned, the scenario presented was recognized as one they were a personal participant in.

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## The Speakers

**NZCOM CEO** opened the talking with a position statement regarding midwifery as a sisterhood and a movement of social change, including the battles that were fought over several decades to bring it to a place of professional practice in its own right.

Rapidly changing requirements as part of the Government Health System were challenging, particularly around the mandate being directed by MOH even though NZCOM advised that they did not support such a measure. As a membership organisation with around 3000 members, the College is governed by National and Regional Boards, some members of whom were present.

The College Boards and staff were distressed by the decisions of exemplary experienced and valued midwives leaving the profession as a result of the Covid19 vaccine mandates. The sense of division at the time was palpable, and although the speed at which decisions and actions were made that contributed to a divided position, there was also an intentional hope by NZCOM that one day they would be able to hear each others views and come to a place of shared understanding.

NZCOM representatives have come to this meeting with open minds and hearts and a willingness to listen to the Mandated Midwives personal stories and presentations.

**Mandated Midwives** made their opening statement acknowledging that the pain is too raw still for many to attend or tell their stories at this meeting. Phase 2 of the Royal Commission Covid Enquiry may provide a wider frame of input around topics and impacts not included in Phase 1 of the Enquiry (with specific reference to evidence around transmission and prevention of infection that underpinned the MOH decision to mandate the Covid19 Vaccination).

Congratulations were given to NZCOM for being the first mandated professional body 'to have the courage' to bring this meeting to fruition. Detail of the timeline and sequence of events, including OIA's received subsequent to the mandates being lifted which suggested non-disclosure of relevant information that was not publicly shared prior may have influenced decisions by professional bodies, including NZCOM, regarding their subsequent support of the mandate.

Prior to mandates being implemented in NZ the topic of mandating Covid19 Vaccination was raised with NZCOM by midwives, as it was already happening overseas. Mandated Midwives assumed the grounding frameworks of Bill of Rights, HDC Code, Code of Ethics, standards of bodily autonomy and informed consent, and the Cartwright Enquiry would protect their own right to choose to take a medical product (Covid19 Vaccine) that had no long term safety data and was being administered under Emergency Use Authorisation. This was not the case, and contributed to feelings of being let down and 'invisibilised' by the professional bodies that the Mandated Midwives assumed would support the founding principles in the above scenario, or at least give voice to those who wanted to challenge the 'one source of truth' narrative.

Mandated Midwives presented their own experiences, or the experiences of those not present who had requested their stories be shared. Acknowledgment was given around impacts to:

1. mandated midwives themselves,
2. women they were providing midwifery care for,

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3. midwives whose workloads increased exponentially due to taking over the care of women whose midwives were no longer allowed to practice.

Presentations were grouped into topics including:

PCC and HPDT Hearings – impacts on the lives and livelihoods of Mandated Midwives who continued their 'Duty of Care' beyond 15<sup>th</sup> November 2021 despite not meeting the Covid19 Vaccination criteria. This included being reported to the NZ Midwifery Council and subsequent loss of license to practice and charges of malpractice and bringing the profession into disrepute under the HPCA Act

- Education sector – including loss of midwifery students (due to students leaving their courses due to mandates within the Education sector), and MOH directed education content regarding Covid19 and the conflict this created between the premise of mandated treatment vs informed consent and bodily autonomy as the tenets of Midwifery as a profession.
- Maternity Services Consumer Council. Some areas lost all local midwifery care due to the mandates, meaning that midwives had to be brought in to cover from other areas, or women had to travel several hours to receive midwifery care or to birth in a hospital instead of their preference to homebirth.
- The rise of Freebirthing. Additional to the loss or change of midwifery care, some women who could no longer have homebirth midwifery support opted for an unsupervised 'freebirth' with no midwifery support rather than having to birth in a hospital environment (for a variety of reasons). There is currently no official data around outcomes for women and babies resulting from changes to care during pregnancy and birth.
- Loss of trust and relationship with NZCOM including a sense of betrayal when individual members of NZCOM reported unvaccinated midwives who continued to support women who solely wanted support from their unvaccinated midwife (refusing any alternative offered). Some of the Mandated Midwives who spoke were founding members of NZCOM and all had up to date certification and competency on the 15<sup>th</sup> of November, yet from the 16<sup>th</sup> they were the subject of public messaging by the MOH and mainstream media to be labeled as a danger to others and no longer allowed to practice midwifery

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Regular check-ins and breaks ensured that even when time out was called for, each party was able to review their own position, and feedback to the other party via a facilitated process in order to come back together and continue. This process impacted on the time allocated for all the prepared stories to be heard, however it did enable NZCOM to listen to the majority of stories, and remain present for the afternoon session, which may otherwise not have been the case.

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## NZCOM Right of Reply

NZCOM confirmed, when given the right of reply at the commencement of the afternoon session, that they were not privy to the reports made to the NZ Midwifery Council at the time. They reflected that an overwhelming majority of members were vocal to Board members and NZCOM staff, in support of the Covid19 vaccine believing it to be safe and effective, and the best defense available to protect themselves and their clients against Covid19.

As a democratic organisation NZCOM agreed with, and supported the majority. It was also reiterated that when the MOH proposed the mandates, NZCOM had contested that proposal, but the MOH nevertheless directed the mandates 2 weeks later.

This position was featured through all public media which further distanced the vaccinated from the unvaccinated through a lack of public acknowledgement of those no longer allowed to practice, as well as no outreach offers of support, or opportunity for open discussion regarding the stance of the unvaccinated group.

It was acknowledged that the speed with which the mandates were introduced by the Government at that time, and rapidly changing environment towards Covid19 around the world resulted in decisions being made without full consultation or consensus. The Mandated Midwives stated that although the initial speed at which the mandates were rolled out turned lives upside-down through loss of career, loss of relationships, loss of income and more, the harm was exacerbated by 2.5 more years of feeling 'invisibilised'. This was explained in terms of not having freedom of opinion or debate, being ridiculed and ignored when trying to submit externally sourced research, and although some vaccine adverse events were acknowledged as having happened, the NZCOM public narrative remained focused solely on promoting positive benefits of Covid19 vaccination.

Several documents obtained through Official Information Act requests were included in the Mandated Midwives presentations as evidence around prevention and transmission efficacy. It was agreed that the latter was not to be a standalone topic for debate in this forum, but may be raised in the future subsequent to being included in Phase 2 of the Royal Commission of Enquiry.

It was also acknowledged that although the current meeting was focused on hearing the stories of the Mandated Midwives who were impacted by no longer being allowed to practice, there is also space needed for the voices of midwives to be heard who had to pick up extra case loads, including complex cases and homebirths that may have been outside of their normal scope of work. Some of those affected midwives were present at the meeting.

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## A pathway forwards:

The Mandated Midwives had prepared a summarized list of outcomes, which was submitted as a hardcopy, the majority of which are listed below.

There was insufficient time to discuss each point at any length, and because NZCOM's operational arm deferred any final decision making back to its National Board there were no definitive resolutions reached at this meeting.

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NZCOM agreed to report the Mandated Midwives requests back to the Board, however the timeline for this was based on whether a meeting with volunteer Board members could be coordinated prior to the next scheduled Board meeting in November 2024<sup>4</sup>.

Public acknowledgement of the hurt, frustration and humiliation by:

- Publicly reporting this meeting in NZCOM Magazine
- MMs to have a speaking slot at the Conference, and have a written article included in the Magazine.
- Request that Midwifery Council reimburses for lost APC funds, and acts to mitigate financial damages through advocacy to the relevant bodies.
- Host a South Island meeting
- Support for those MMs who were prosecuted for continuing to provide midwifery care on the basis that the care provided saved the lives of 1 baby at one birth, and 1 woman at another birth.

Collection and analysis of data by:

- A co-designed survey of the NZCOM members (including those who ceased membership subsequent to the mandate) re the wider impacts of mandates. This would include the impacts on both vaccinated and unvaccinated, impacts of the Government's decisions and the resulting heightened emotions and division, the burnout rate of midwives picking up extra workloads, and the anguish of those barred from practice as well as the financial losses incurred. The results to be published and used as learning for the future.

It was acknowledged that NZCOM did not have a list of who left. This raised questions about lines of communication and accountability between NZCOM and NZ Council of Midwives, which need to be clearer. Some Regional Board members took the initiative to canvass their regional members, however it was noted that being a Board members is a voluntary role, often done in addition to full time work. It was noted that DHB midwifery service was surveyed in terms of picking up care of women whose midwives were no longer allowed to provide care. AHK also conducted a survey of 300 midwives.

- Release data from MMPO about pregnancy outcomes by vaccination status
- Lobby the Health Research Council for funding to finish the study promised by AUT on the outcomes for pregnant women

Reset the tenets of Midwifery around bodily autonomy and informed consent by:

- Acknowledging the increasing medicalisation of midwifery care, and taking action to reduce it by removing the Covid 19 position statement from the website
- Lobby midwifery education providers to drop all vaccine mandates
- Work on developing a pandemic policy

The above information concludes the basic Summary Report, however an additional addendum of topics discussed in brief entitled 'Other Recommendations' offers suggested solution focused actions, as well as reflective observations by the facilitator.

The day was concluded with a karakia and waiata sung by all those present.

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