

## Other Recommendations:

Item	Discussion	Suggested Recommendations
Two weeks notice of mandate	When asked by the Govt on potential consequences of a Covid19 vaccine mandate, NZCOM responded that they did not support the Covid19 vaccine being mandated. Two weeks later the Government Ministry of Health directed enforcement of the mandate. Two weeks did not give adequate time for appropriate pastoral and logistical support to be put in place. The ensuing scramble concentrated on finding midwives who had complied with the mandates to cover the loss of midwives who did not comply with the mandates. The individual choices of women who wanted to remain with their known and trusted midwives (regardless of vaccination status), as well as preferred birth environment was secondary. The midwives who could no longer practice midwifery due to non-compliance with the mandates were not included in any ongoing discussion beyond a direction to get vaccinated or cease provision of midwifery care. Limited support was available through NZCOM for those that did reach out, however the Mandated Midwives were critical of NZCOM's lack of inclusiveness in terms of proactive care for those who exercised a right to choose not to receive the	Development of a robust process that allows a tiered response to a) have a voice to Government that is representative of the wider membership, and b) for those unwilling or unable to receive a Government mandated treatment. This could take the form of a collaboratively developed risk management matrix. Out of this process a register of action and need could be established to be inclusive of the needs and choices of the women served. The register could also be used as means of offering appropriate support i.e. to support through financial impact, legal implications, mental health, and for those covering additional workloads for women whose midwives were unable to continue to care for them due to the mandates. Acknowledge that although the majority of midwives, and women, supported being vaccinated, there were also women who wanted an unvaccinated midwife, to the extent of choosing to freebirth without midwifery support rather than accepting care through the mandated hospital midwifery system. This was reported as most prominent in those wanting homebirths. Many midwives had strong opinions for or against the Covid19 vaccine, which may have been exacerbated through the one sided 'vaccine narrative' and the ensuing cognitive dissonance that subsequently developed between opposing viewpoints.

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	Covid19 vaccine.	
Support for all the NZCOM members regardless of vaccine status.	NZCOM had pastoral and legal supports available to those who requested them, however they did not 'reach out' to the entire membership to establish either numbers, or need. This was perhaps due to a combination of democratic process – majority rules, as well as a lack of capacity to support those who felt they had no choice but to step away from midwifery, as well as those having to pick up the women impacted by their chosen midwives no longer being allowed to care for them.	Additional capacity is needed to ensure equitable support is available for all members to feel supported, particularly when the tenets of midwifery practice appear to be in conflict with a mandate that usurps those tenets of practice. (i.e. informed consent and the right to bodily autonomy). However, where there is a bigger legislative/policy scenario at play, particularly the rapid enactment of new laws enforced by Government directive, within a continuously changing local and global environment, the capacity to provide inclusive support is an extremely challenging one. In order for NZCOM to provide inclusive support to its members, regardless of Covid19 vaccine status, and therefore ability to practice while the mandates were in place, it may be prudent to ensure an 'agree to disagree' principle to allow a 'pro choice' stance to be able to support those who felt alienated by what was perceived as support only for a 'one size fits all' narrative that fuelled division between those with alternative standpoints on certain aspects of health.
NZCOM's position in relation to mandated midwives being 'dobbed in' by colleagues to the NZ Midwifery Council for continuing to provide care for women whose only other option was to freebirth.	NZCOM refuted suggestions that they were party to reporting mandated midwives who attended births post 15 <sup>th</sup> November. NZCOM members who reported other midwives did so to the NZCouncil of Midwives without endorsement by NZCOM.	There needs to be clear information and education to all midwives on reporting lines, including accountability and decision making processes and feedback loops, in relation to Midwifery practice standards for future pandemic preparedness policy development. Where a report was made by an individual NZCOM member about a Mandated Midwife providing midwifery care (not because of any complaint made by women receiving midwifery care), there could be benefit in the provision of

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		an externally facilitated Restorative Conferencing approach. This would give opportunity for greater understanding for each party to ease the level of resentment and hurt that remains raw to those whose 'duty of care' was emphasised by the birthing woman, but whose action (regardless of outcome) led to disciplinary action, loss of license to practice, and potential criminal charges.
Shortage of midwives reported, but loss of midwives due to mandates not given as a contributing factor.	Mandated Midwives cited ongoing news articles on the shortage of midwives without reference being made to the amount of midwives who were unable to work because of the mandates, many of whom have still not returned to the profession because of the grievances about the way they felt they were treated.	Any future media statements on the shortage of midwives to make reference to the currently known percentage who were mandated out of practice. Establishing accurate numbers of those leaving Midwifery due to the mandate, rather than other reasons, would help to inform NZCOM from a statistical perspective. This could be part of the survey that has been suggested by the Mandated Midwives.
The use and abuse of Social Media as a forum for airing polarized opinions and information/disinformation/misinformation, as well as personal abuse across all viewpoints. Opportunities for Restorative conferencing for people with grievance against one person.	Where there had been instances of abuse via social media, or other personal actions such as reporting to the Midwifery Council resulting in legal action, there may be merit in conducting one on one restorative conferencing. Examples of abusive comments are still current on NZCOM's own Facebook page, indicating the continued polarized views that still haven't been publically debated or 'put to bed' in larger forums	Although hosting forums that allow for overt debate to happen can have a conciliatory impact, these would have to be tightly facilitated. Opportunities for Restorative conferencing between NZCOM members whose comments online have degenerated into abuse and vitriol may be worth considering where relationship breakdowns impact future co-working environments.
Sociocratic process vs Democratic process. NZCOM enabling an	Currently NZCOM operate a democratic decision making process which supports the majority, so the minority voice may not be	Where a topic may have polarized perspectives it may be useful to implement a sociocratic decision making process to ensure inclusivity of minority viewpoints within the

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inclusive process to ensure members voices are all heard.	represented, or heard, at all.	Midwifery scope of practice. <a href="https://www.sociocracy.info/what-is-sociocracy/">https://www.sociocracy.info/what-is-sociocracy/</a>
Representation for future discussion and co-design opportunities. Aku Huia Kaimanawa	The membership of Aku Huia Kaimanawa has functioned as an integral support mechanism for Mandated Midwives since its formation in 2022. Homebirth midwives are disproportionately represented reflecting an ongoing challenge to a 'one size fits all' approach. There was consensus by both NZCOM and Mandated Midwives that a steadily increasing medicalization of care does need addressing as a profession in order to honour the principles of midwifery that were fought hard for by many of the original founders of NZCOM in terms of freedom of choice, bodily autonomy and informed consent. Membership of Aku Huia Kaimanawa includes several founding members of NZCOM.	As a Collective that maintains views representative of a significant number of Mandated Midwives, particularly those specializing in home births and natural and indigenous approaches to bringing new life into the world, it may be useful to utilize the current membership communication network going forwards past this first meeting and continue to strengthen the existing working groups around specialist areas. It was acknowledged prior to this meeting that more meetings would be needed to navigate and influence Midwifery moving forwards towards any collaborative and co-design opportunities that arise, and to continue to be a voice that brings minority views to the discussion table.

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## Final comments:

The parameters of expectation by NZCOM in their original invitation were:

- *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*

In the lead up to the meeting NZCOM and Mandated Midwives were asked to state best possible and bare minimum expectations. Although these included the above points, there was also a desire by the Mandated Midwives for overt acknowledgment of the hurt and humiliation suffered. It could be said that the first two points above were achieved, with acknowledgment that NZCOM actively supported the meeting to happen, and attended with a willingness to listen with open minds and hearts. The polarized viewpoints contributing to the third point, particularly in relation to the validity and necessity of mandated vaccination, requires being able to 'walk in each others shoes'. Reaching such a position may be reached by releasing not only emotional feelings such as hurt and resentment (both 'sides'), but also being able to return to the touchstone of Midwifery as a life choice of participative engagement that has potentially been partly obfuscated by the linear frameworks of policy and legislation.

Cognitive Dissonance around Covid19 Vaccine safety and efficacy (particularly re prevention of infection and transmission) is still a barrier to reconciliation. It is too big an 'Elephant in the Room' in its current unspoken form to allow restoration around the edges.

*Disclaimer: This report has been prepared from notes taken during discussion and presentations over the course of the day. Some preparatory meeting documents submitted to the facilitator were also used as reference. It is not intended as verbatim minutes for use as anything other than a summary report as requested by both the Mandated Midwives and NZCOM*

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