

Presentation to commissioner Anthony Hill by members of Aku Huia Kaimanawa Midwives Collective.

5th June 2025



RECOMMENDATIONS

Aku Huia kaimanawa Midwives Collective would like the commission to consider our recommendations. We believe that if implemented, these actions will contribute to the repair of our social cohesion:

1. At the very least a formal apology is given to those midwives forced out of practice due to vaccination mandates. Ideally these midwives would receive compensation for lost income.
2. Research into the health outcomes of vaccinated versus unvaccinated mothers and babies is carried out.
3. An assurance that any future public health response adheres to the NZ Bill of Rights and recognises the sanctity of the pregnant and breastfeeding woman; upholding her right to the precautionary principle and right to refuse experimental pharmaceutical products.

My name is Sarah Gilbertson and I represent [Aku Huia Kaimanawa Midwives Collective](#) (AHK), a movement of midwives and women who hold informed consent and bodily autonomy as treasures to keep close and protect. Today, my colleagues and I have the great privilege of speaking not only for those who are a part of AHK but for all midwives whose lives were thrown asunder by the Governments Covid response.

We are very appreciative that this inquiry exists and that you have taken the time to speak with us. In healthcare we endeavour to use a restorative justice approach which is about accountability and repairing harm. We are hopeful that this inquiry will address accountability; for without it there can be no mending of our broken professional and societal weave.

It is our assertion that mandates never belonged and should never again be seen in midwifery.

To this day the impact of forcing the Pfizer product on our profession is being felt and we continue to ask whether it was justifiable to mandate an intervention that by November 2021 had been shown to be ineffective in preventing the transmission of Covid 19.

In the run up to the mandate announcement several of us had attempted to engage with our workforce representation to get ahead of the issue. Afterall, if mandates were happening to our colleagues in the northern hemisphere, then why not here? We were tutted at and told that mandates and vaccine passes would never happen in NZ.

Was this naivety? Or was this because as a nation we thought we stood on solid ground. We have a Bill of Rights, we have the HDC Code. And as midwives we had our standards for practice, our code of ethics and Turanga Kaupapa.

For me, these frameworks form the legs of my stool that grounds me. When the sea gets choppy, I can drop anchor and go back to these living treasures that remind us of what can happen if we do not have these guide ropes in place. The Cartwright inquiry gave us the HDC code and from our perspective, requiring people to undergo a medical treatment to participate in society was a breach of almost every one of the ten rights in the code.

Sitting on my grounding stool sipping on a cup of precautionary principle, I couldn't seem to reconcile the government's mandate with my ethical anchor, and it wasn't the influence of misinformation, I didn't need rabbit holes, my stool gave me all the simplicity and certainty I needed.

When it became abundantly clear that our professional body was taking an ostrich in the sand approach, Aku Huia Kaimanawa Midwives Collective was established, and we stepped in to fill the representational void. As kaitiaki of birth we felt it was our duty to speak up for the women of New Zealand.

In October of 2021 we used an online survey to collect data. We received responses representing midwives from all the then District Health Board's (DHB's). We found an overwhelming majority supported free choice, and there were at least 300 of us questioning

the mandate policy. We have since tried to ask for clarification around these numbers, but we have been stonewalled. No one collected the data. Our professional organisation has never surveyed its membership pre or post mandates to assess the impacts of this wide-ranging policy.

Our data were telling us to expect an estimated 8%-10% loss to the midwifery workforce. The numbers were almost 60/40 split LMC and core staff. We wrote to the midwifery leadership of each DHB and attempted to engage in a solution focused dialogue. We were concerned about the health and safety implications for the NZ birthing population if an already stretched workforce were to be stretched even further particularly at a time of year that is notorious for putting pressure on the hospital system.

We were summarily ignored. Only one DHB had the good grace to respond and all they could do was suggest a meeting with their infection control 'experts' to address our vaccine hesitancy.

We began a campaign and soon realised we were not alone. There were other professional groups from across New Zealand coalescing around the view that mandating a medical treatment was a violation of their human rights.

With the financial support of thousands of everyday kiwis, we enlisted the help of a legal team who took a case to the high court arguing that the vaccination order was 'ultra vires' or outside the law. Effectively the case was won but instead of returning to parliament and following the usual course of legislative change, the government of the day rushed through amendments that gave the covid response minister the power to make vaccination orders.

We had issued a media release, but we were soon to realise that the traditional news outlets were complicit in feeding the pandemic hysteria. Common sense isn't clickbait and so the only way any of 'our voices' were heard was in the form of ridicule. Questioning individuals were right wing conspiracy theorists or dangerous radicals who threatened the fabric of democracy. We had all worked the 'front line' and were considered essential workers but come the 16th of November we were treated like criminals and threatened with trespass if we showed up to our jobs. The irony was never lost on us as we spent a very strange period literally locked out of society.

Having followed our campaign closely, our midwifery sisters in the UK were able to rally together in early 2022 and push back successfully against vaccination mandates.

Midwives no longer able to work were left penniless and for some it meant selling their homes. LMC midwives had no dispute resolution process in their contract with the Ministry of Health and were left with no ability to raise a personal grievance. Having no money we midwives decided to bow out of the legal challenge knowing that our medical colleagues and the teachers were to carry the case forward. We also knew the police were challenging the mandates too. When Justice Cooke heard the case for the teachers and doctors, he invoked clause five ruling that there were justified limitations on our bill of rights. We now know that the crown withheld evidence. Before the mandates a NZ study found that the rate of transmission in schools and healthcare facilities was incredibly low, but this was not submitted in court. Having never even been tested to prevent transmission there was never any sound scientific basis for the mandates.

We have also learned that at least 11,000 vaccine exemptions were issued under the provision of preventing service disruption. Our professional body and union failed to advocate for midwifery to receive these exemptions despite several midwives raising this with clinical leaders across the country. The impact on services has been widely felt particularly with the closure of at least three rural birth units. At the Pukekohe birth unit nearly half the midwifery staff left due to mandates, and this has seen the unit downgraded to a birth centre limiting the type of services available to the birthing population in that area.

Even though the mandates for health care workers ceased in September 2022, it took nearly a year before Te Whatu Ora released its vaccination policy. From late 2022 through to late 2023 we had to tolerate the absurdity of unvaccinated LMC midwives being allowed to enter the hospital and care for women, but unvaccinated hospital-based midwives were unable to get their jobs back. By that point the hostility, ridicule and shaming was too great for many of us to contemplate a return to the workforce. We have surveyed our collective and only 59% of our members have returned to midwifery. Many chose early retirement over returning to a system that censored debate and ignored the voices of those who uphold the precautionary principle. The profession has lost valuable experience and knowledge. Our new practitioners are bereft of old wise heads.

Those who have returned are working in an incredibly stressed system and are witness to a rise in maternal morbidity rates (often involving massive haemorrhage) and an increased rate of admission to Intensive Care Units. Referrals to Maternal Fetal Medicine Specialists have also significantly increased as have admissions to Neonatal Intensive Care Units. All of us have colleagues who have suffered an adverse effect from the vaccine. During the vaccination roll out and subsequent mandatory booster requirement, the midwifery union negotiated extra sick leave for those experiencing side-effects and requiring time off work after their vaccinations. The fact that these days were needed should have been a giant red flag for health and safety. Vaccinated midwives are experiencing health issues necessitating long periods of leave which again puts pressure on the system.

As ethical evidence-based practitioners it is not acceptable to just blindly follow government diktats. All quality and safety epistemology includes some version of an evaluation process. Dr Nikki Turner of IMAC promised us that the mass vaccination of pregnant women with an experimental product would be closely monitored.

But where is that data? An OIA sent to all DHB's in early 2022 revealed no DHB in the country was involved in any post marketing pharmacovigilance for the covid vaccine in pregnancy. The AUT registry research program was stopped with no information available.

From our perspective the covid response was a complete failure of safety systems. The wilful blindness and refusal to compare health outcomes for vaccinated and unvaccinated pregnant women and their babies is astonishing.

Usually, you need a minimum follow up of 280 days for a pregnancy study but this has not been done. When we looked at the CARM data we noticed a miscarriage rate comparable to amniocentesis. This risk forms part of the informed consent process when women are offered this procedure, not so with the Covid injection. We only need to look at the case of

the DES daughters to know that it can take a generation to fully see the effects of a pharmaceutical product administered during pregnancy. We would really like the commission to consider and answer Why there has been no ongoing collection and evaluation of data for this wide-reaching public health policy particularly for pregnancy and birth outcomes.

We were unique in NZ as we used one product, we were a petri dish of sorts, and we trust that the commission will look down the microscope and see what Pfizer and the Ardern government have cultured.

<https://publichealth.realclearjournals.org/history-of-public-health/2025/01/the-covid-vaccine-trials-failures-in-design-and-interpretation/>

[Impact of mRNA and Inactivated COVID-19 Vaccines on Ovarian Reserve - PubMed](#)

[Paradoxical increase in global COVID-19 deaths with vaccination coverage: World Health Organization estimates \(2020–2023\) - Emmanuel O Okoro, Nehemiah A Ikoba, Boluwatife E Okoro, Azibanigha S Akpila, Mumeen O Salihu, 2025](#)

[Evaluating Vaccine Effectiveness During the COVID-19 Pandemic: Insights from Statistical and Machine Learning Methods | SpringerLink](#)

Midwife Anne Sharplin

Presentation with Aku Huia Kaimanawa Midwives Collective to the Phase 2 NZ Royal Commission of Inquiry into COVID-19 Lessons Learned

Hello, I have been a New Zealand midwife for 44 years. I live in Tauranga. I am a founding member of the New Zealand College of Midwives. In my independent midwifery practice over 4 decades, I have attended approximately 2,500 births. In November 2021 when the mandates came into effect, I was a senior midwife working at Bethlehem Birth Unit and I was attending home births. I was teaching, I was mentoring new-graduate midwives, and I was providing clinical experience for many student midwives.

I'm going to speak briefly about some disturbing clinical experiences that happened after the rollout of the Pfizer injection in 2021 and I'm going to speak briefly about some of our mandated midwives who have been prosecuted. I did an antenatal clinic in October 2021, and I saw 7 pregnant women. Six of those women had taken the first of the Pfizer injections. All of them told me that they hadn't wanted to, but they felt coerced, either not being able to travel or not being able to keep a job or not being able to visit elderly relatives or something like that. Out of the 6 women who had taken it, 2 women in the first half of their pregnancy had ended up at ED with tachycardia which is an abnormally fast heartbeat and breathlessness. They had never had any symptoms like this before, and their symptoms presented within 48 hours of having that first injection. Two other women started bleeding, in other words had threatened miscarriage; they were in the first trimester, under 14 weeks of pregnancy. One young woman beseeched me to help her so that she didn't have to have another Pfizer vaccine. I documented all these adverse events in their clinical notes and said that I could write an Exemption for this particular woman who asked for it. We already did write medical certificates and prescriptions, and we did order scans and blood tests, and we had been told we could give Exemptions, and I think it was within a month that we and all other medical professionals were prohibited from giving exemptions to individual patients whose medical histories we knew well. But as you know the exemption process was then exclusively given to Dr Bloomfield.

Aku Huia Kaimanawa Midwives Collective found the exemption process to be one of the most egregious acts of the Covid Response. In a democratic society that values human rights, pregnant and breastfeeding women should have automatically been exempt from taking an experimental product. Midwives were being asked by women in antenatal clinics if they could give them an exemption, particularly those who experienced side effects from their first injection. What an abomination the exemption process was! What a twisted form of torture for a woman to go through; advised against eating an egg sandwich from the deli or soft cheese for fear of developing listeria but pressured to roll up her sleeve and expose her unborn child to still experimental mRNA technology. This was not a public health response worthy of a knighthood, this was a blunt tool used to smash the sanctity of the developing mother-child bond. This was a form of state violence unseen in our lifetime and one that we never want to be witness to again. So that's what I want to say about that. I've never seen anything like that in a clinic in all my years, of

women suffering such morbidity all consequential to the same medical treatment. The Pfizer injection.

Now to a few comments about the prosecutions of some of my mandated colleagues. I have been horrified and outraged seeing some of our colleagues being treated like criminals. I have sat alongside two of our midwives who have been reported by colleagues from the board of the NZCOM to the Midwifery Council and have had charges of malpractice and professional misconduct laid against them. These charges were unjustified.

These processes harmed both the midwives and their clients, as the midwives were suspended from practice during the lengthy PCC or HPDT proceedings. The mandates lasted about 9 months, but these midwives could not return to practise and help to relieve the acute shortage of midwives exacerbated by the mandate because the Midwifery Council kept them suspended from practise for years. The midwives that I supported through their prosecutions were highly competent midwives with unblemished careers and reputations. Their actions were out of concern for the women who could not find care due to the acute shortage of midwives in some areas.

As you have heard from Sarah, the acute shortage turned into a crisis when we were forced to stop working and women really suffered because of this.

The midwives have been persecuted by a system that was undiscerning in its blind allegiance to the Covid response laid out by the New Zealand Government.

Everyday people that I speak to about this are aghast and dumbfounded when they hear about it because they don't hear about it on any mainstream media and they are quite frankly appalled that this is happening in New Zealand. I think I'll finish there, thank you.

Presentation to Phase 2 Commission of Inquiry into the Covid response

Kia ora koutou

My name is Brenda Hinton. I live in Auckland, and I have worked for a number of organisations in the maternity sector as a consumer advocate and childbirth educator for over 40 years. I currently work part-time for the Maternity Services Consumer Council, an organisation whose main work involves creating consumer focused, evidence-based resources to encourage and assist women to make informed choices when receiving maternity care.

Women, their partners and whanau who were pregnant during the covid years comprised just one sector of the population that the NZ government failed to consider when devising its covid response. No consideration was given to the fact that thousands of babies would be born during the pandemic.

Maternity care and maternity consumers became casualties of a misguided one-size-fits all pandemic response.

A few years ago, a colleague coined the hashtag “babies can’t wait”. These three words aptly describe the needs of the mother: baby dyad during pregnancy and labour and babies post birth. Each woman’s maternity experience is a one-off, the mother can neither postpone her maternity needs nor go back and do her pregnancy or birth or postpartum for that baby ever again. In addition, the maternity experience for people in all of the cultures represented in AotearoaNZ is mostly shared with a partner and the wider whanau – it is not an experience that most women do alone...that is until covid. During the covid years the maternity experience for most women became a time of great stress and isolation.

There is a considerable body of evidence that shows that maternal stress during pregnancy not only negatively impacts the growth of her unborn baby but also leaves an epigenetic imprint on her baby that has the potential to compromise their wellbeing during their early years and beyond.(refs below)

The propagandising of fear, unpredictable lockdowns; and the maternity sector’s ad hoc and non -evidence-based care protocols in response to the continually changing covid “rules”, caused enormous stress for prospective parents; frequently isolated mothers from whanau support and; prevented many mother-baby dyads from receiving the care they needed, when they needed it.

Some level of isolation dominated the maternity experiences of most pregnant women and birthing mothers. Partners were unable to attend routine pregnancy check-ups and women with risk factors were required to present for tests and treatment without support - sometimes receiving devastating news alone. Women were denied access to partner support when admitted to hospital, in labour or for any maternity related complication.

Partners and midwives were often required to leave the new mother and baby within an hour of the birth. Fathers were frequently banned from postnatal wards and neonatal intensive care units. Mothers were isolated from their whanau for the duration of their inpatient postnatal stays. Some women, especially those with other young children, birthed without partner support while the other parent stayed home with older children because the lockdown "bubble" rules prevented access to babysitters. To overcome isolation, many women discharged home earlier than was optimum for their physical & mental health, often to minimal home-based postnatal care as many midwives reduced home visiting in an effort to minimise their chances of catching or transmitting Covid.

The inter-regional travel restrictions during lockdowns and the prolonged Auckland border closure further isolated new mothers from whanau support. Many of the 1:5 birthing women who are migrants and gave birth during the years our international border was closed were completely isolated from family support. Another forgotten sector were the mothers and babies who were confined in homes 24/7 with violent or abusive household members.

The covid vaccine roll-out caused further stress and isolation for the birthing population. Pregnant and lactating women had been excluded from Pfizer's trials but despite the lack of any safety data our Public Health officials promoted, and continue to promote, covid vaccination during pregnancy. In February 2021 the Director General of Public Health wrote a report stating that: "The Pfizer mRNA Covid vaccine is suitable for use in pregnancy. However, as there is currently no data on outcomes in pregnant women, they should discuss the risks and benefits of receiving the Pfizer mRNA Covid 19 vaccine with a healthcare professional"

In effect, maternity professionals were instructed to provide women with non-existent information. Nevertheless, any maternity provider who expressed any concerns about the vaccine to pregnant or lactating mothers, was censured by their profession and the health authorities. The burden of stress on expectant mothers, pressured to make a non-evidence-based choice about an experimental vaccine was enormous. The majority of pregnant women declined vaccination, but lack of safety evidence did not protect them from being browbeaten and guilted by midwives, doctors, lab technologists, radiographers etc whenever they presented for maternity care.

Hospitals became hostile places for unvaccinated mothers and those who tested positive for C-19. These women were isolated and frequently received very little care. Covid positive women, and in fact any woman who presented with an elevated temperature, were held in isolation and prevented from returning home or receiving visits from anyone except their partner, till after whatever was the current number of days of isolation the health authorities dictated. Unvaccinated mothers whose babies needed special care were often prevented from entering Neonatal Intensive Care Units (NICU's).

The Covid vaccine mandates for health workers reduced the access to safe and appropriate maternity care. Over 200 midwives from a workforce that was already experiencing chronic shortages, were mandated out of practice. Many of these midwives worked in Primary Birthing Units (PBU's) or were Lead Maternity Carer (LMC) midwives who provide a continuity of care, well woman service, based on a philosophy of partnership and the facilitation of informed choice. It was unsurprising that the midwives who daily support normal physiology and the decision-making autonomy of their clients would be unwilling to relinquish their own human rights.

Prior to November 2021 many regional and rural areas were already dangerously short of midwives. In many areas women became unable to access either LMC midwifery care or the option to give birth in a local PBU when unvaccinated midwives were forced to stop working. No maternity authorities made any attempt to assess which regions would be left without primary midwifery care, or to put in place any replacement maternity service. Women who had planned to give birth at home or in a PBU supported by a local LMC midwife, were forced to either birth in much more heavily populated (and for rural women, distant), hospitals or, to give birth at home unattended.

The numbers of women free birthing i.e. giving birth without a qualified midwife in attendance, increased exponentially from December 2021 and the fact that, only about 50% of the LMC midwives forced out of work by the mandates have returned to practice, has seen freebirth become a regular occurrence in many of our communities.

Maternity Services Consumer Council continues to be appalled by the lack of data collection, analysis and follow-up in relation to any of the covid response measures and the totally unethical decision not to track outcomes for anybody following covid vaccination, especially pregnant women. There was no consideration given to weighing the relative benefits and relative harms, of any of the elements of the response for different population sectors and the paucity of data collected means that very little quality data exists to facilitate a retrospective analysis that might inform any future pandemic response and prevent it from causing the irreversible harms caused by NZ's covid response.

Thank you.

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My name is Priscilla Ford; I live in Whangarei. The story I am about to present is excessively abbreviated due to time constraints; my fuller story has been sent separately, and you can read the full judgement against me on the Health Practitioners Disciplinary Tribunal website where my name now sits alongside fraudsters and drug addicts.

I have always been a conservative law-abiding citizen, respectful of rules and authority. I came to midwifery with a passion to protect women's informed decision-making in childbearing and support those who were determined to make their own strong choices. This attracted a high percentage of home birthing women, and I also received referrals from other LMCs and DHB midwives for women who caused them anxiety – such women either had alternative health philosophies or histories of trauma, and I considered it an honour and privilege to serve them. I had strong, respectful, collaborative relationships with all the obstetricians in my region.

When Covid-19 hit the world headlines I was a mainstream LMC midwife serving my community since 2015. I was regional chair of NZ College of Midwives and faced this novel threat to all our lives determined to be an exemplary leader, communicating with my region as to the constantly changing recommendations from higher up.

In 2020 and into 2021 I completed my postgraduate Honours degree with the research question: How do case loading midwives experience risk to themselves when women decline recommendations? With your previous role in HDC you might be interested to read my research. Meanwhile, something was starting to feel 'off' with the whole Covid narrative. Covid hadn't yet hit our shores, but the much anticipated and lauded Pfizer injection got rolled out with loud assurances that this would never be coerced on anyone. Shortly afterwards I noticed a quadrupling of my miscarriage rate. One day I had two women miscarrying at the same time. I shared this with a colleague who replied that she had been fully booked for whatever month in the future but that every single woman due that month had now miscarried! All purely anecdotal, and we were being told the vaccine was safe and effective, but I smelled a rat.

An email from the Ministry of Health immediately prior to the 15th November 2021 mandate said they would contact unvaccinated LMCs after the deadline to let us know what 'the next steps' were. It turned out there were no 'next steps'; our contracts to provide primary maternity care were summarily terminated. Anyone who knows anything about midwifery in New Zealand knows that in mid-November you cannot find a midwife for December or January; experienced midwives are fully booked at least 7 months ahead. I handed over as many women as I could, but several of my clients did not want care from a vaccinated midwife, some even saying they would freebirth if I would not care for them. Yes, they had other options (such as birthing in hospital), but none that were more acceptable to them than free birthing.

So, I continued to provide unpaid midwifery care to women who required this of me. Two of the women, who otherwise intended to freebirth, experienced rare emergencies. One woman experienced a shoulder dystocia which I was able to resolve and delivered an

unconscious baby who I resuscitated. If I had refused to attend this birth, the baby would have died, and the mother would likely have been injured by unskilled attempts to free the baby's shoulders. At another birth, the woman experienced a haemorrhage after birthing the placenta: it took all my skills and resources to halt the bleed and stabilise her. If I had refused to attend to her, I do not think an ambulance would have got to her in time to prevent her death.

Two close colleagues reported me to the Midwifery Council around Christmas 2021. I don't have words to express my distress and trauma from this betrayal. I started to realise that fear of further notifications had the potential to compromise my clinical judgment if something untoward arose at a homebirth such that transfer to hospital was advisable. The thought that my clinical judgment could be compromised and possibly put a woman or baby at risk caused my mental health to crumble under the weight of responsibility.

As a result of the Midwifery Council's investigation, my Practising Certificate was suspended towards the end of January 2022 as I was considered a risk to public health while the disciplinary process was underway; this meant that I was unable to return to practice when the mandates were dropped on 26th September 2022.

Following the grading of my post-grad Honours research, my professors convinced me to submit my research to a prestigious international midwifery journal. How ironic that my research was accepted for publication at the same time as the Midwifery Council threatened me via email with criminal prosecution for the path I had taken. Criminal charges were never laid, but for the next four months I woke each morning wondering if today I would be arrested and what that would look like and how my family would cope.

I started to suffer random panic attacks and struggled to cope with crowds or places like supermarkets. I developed an aversion to my computer. I had zero resilience. My short-term memory was shot to the point of being embarrassing and humiliating. This was not me. I've been resilient and sociable and confident my whole life. Now I was not capable of holding down any regular job.

Eventually the Midwifery Council laid charges before the Health Practitioners Disciplinary Tribunal and a 3-day hearing was convened in February 2024. The objective legal criteria for finding a health practitioner guilty of bringing their profession into disrepute is whether reasonable members of the public, informed of all the factual circumstances, could reasonably conclude that the reputation and good standing of the profession was lowered. My hearing generated considerable public interest and was well attended by many 'reasonable members of the public' (most of them strangers to me) who became 'informed of all the factual circumstances' and responded with two standing ovations endorsing my actions. The Tribunal members witnessed these spontaneous outbursts yet still returned a guilty verdict after five months of deliberation.

They then held a penalty hearing in October 2024 via AVL. Counsel for the Midwifery Council stated she did not think my reputation was damaged; in fact, she thought my reputation had been enhanced. How, then, did I bring my profession into disrepute?

I got the Tribunal's final decision just last month, exactly 3 ½ years after my colleagues' complaints. I was censured and, if I ever returned to midwifery practise, I was ordered to do a course in legal and ethical obligations of midwives. I was also ordered to pay \$17,500 which was not a fine (so not considered part of the penalty), it was just 15% of the prosecution costs – a drop in the bucket of financial loss to my family from 3 years of lost income, but insurmountable for the same reason.

It remains to be seen what effect the Tribunal's decision will have on the Midwifery Council's decision-making around future prosecutions. From statistics published on the Tribunal's website, it appears that I was the 30th midwife to ever face professional misconduct charges, but right now there are 23 more midwives lined up behind me in the prosecution process. Mine was apparently the costliest disciplinary process against a midwife to date. I cannot know what events these 23 midwives are facing charges over, but that is a huge spike in prosecutions coinciding with the Covid era. Will the Midwifery Council continue to pursue such outrageous cases in the future when a precedent has been set for such a minimal penalty and only awarding 15% costs against the defendant? The financial burden to our already struggling profession is not sustainable.

I regret nothing. Two people are alive and well *because* I disobeyed the Midwifery Council. I am thankful to have answered to a Tribunal rather than the Coroner's Court, which would have been the result had I refused to provide midwifery care, not to mention possible criminal liability for harm or death under Section 157 of The Crimes Act 1961. But the toll it has taken on me has been huge; betrayal by colleagues, the injustice of an excessively protracted disciplinary process and then being found guilty of malpractice and bringing my profession into disrepute for doing what I know is right have all been devastating.

One thing that has helped keep me sane throughout this torturous process has been my faith in a loving Creator who has a special interest in birth, family and justice. Justice will eventually come. The truth will come out; please do your part to facilitate that. The future of democracy in this land is relying on you.

Effects of Mandates on Midwifery Education

My name is Twink Drayton, and I have been a midwife for 27 years with 23 of these spent contracted to the Ministry of Health providing full maternity care to pregnant women in my community. I have vast experience in maternity care which was recognised when I was employed as a clinical midwifery tutor training midwifery students. Today I want to present to you the effects that the mandates had on midwifery education.

When the mandates were announced there were many students who were very distressed by the vaccination requirements to continue their degree. Some were forced to make a choice between paying their mortgage and feeding their children and taking this injection. Without exception they all had large student loans, and most would have been financially crippled had they been unable to continue with their degree.

As an educator who always held informed consent, bodily autonomy, and freedom of choice at the forefront of my teaching I found it incomprehensible that these women were being forced to take a medical procedure against their will even though this injection was in the “trial phase” until July 2023 – this directly contravenes the New Zealand Bill of Rights. #10 which states *“Right not to be subjected to medical or scientific experimentation”*.

[New Zealand Bill of Rights Act 1990 No 109 \(as at 30 August 2022\), Public Act 10 Right not to be subjected to medical or scientific experimentation – New Zealand Legislation](#)

Did we learn nothing from the Cartwright Enquiry Report in 1988? This report emphasised the importance of freedom of choice and informed consent in any medical setting. This is especially so in midwifery. It is the foundation midwifery is built upon.

Let's look at informed consent. What is informed consent? According to Health New Zealand's own website *“Informed consent is the process of exchanging information so that a patient / consumer can make an informed decision about their healthcare options, including the option of refusing the treatment, procedure or intervention”*.

Informed Consent is giving people all the information and allowing them to choose for themselves. Informed consent is not punishing someone for making the “wrong choice” nor is it hounding them until they make the choice that you want them to make. Bribing people with KFC vouchers is not informed consent. Offering supermarket vouchers as enticement is not informed consent. Threatening job loss is not informed consent.

I had many meetings with students reduced to tears at the hopelessness they felt and the impossible choice they had to make – for many there was no choice at all – financially they had no option but to be bullied into acceptance. And it was bullying.

Some sadly were forced to withdraw from the course and were left with an almost unbearable burden of debt and a shattering of their lifetime dreams.

At a time when midwifery was on its knees there was no desire to retain those who questioned the narrative. Suddenly the midwifery crisis in New Zealand no longer mattered. Experienced midwives no longer mattered. What pregnant women wanted no longer mattered. The care these women received no longer mattered.

Student midwives are trained to question – is this the right thing to do, is this in the best interest of mother and baby, is there a safer alternative. If things don't seem right – question it! How ironic that the very thing we had taught them cost them their right to train to become a midwife.

And those students who were ok with taking this injection and in support of the mandates in reflection of the stance of the Government, NZCOM and Midwifery Council – what does this teach them? That it is ok to bully women into choosing what we want them to choose? As a midwife you need to be constantly questioning if this is the right thing to do – there needs to be no punishment for that.

The New Zealand Government ignored numerous recommendations from the MOH around the covid injection and the mandates prior to the implementation of these mandates.

Through OIA's we know that the Government of the day knew the harm that these injections caused and that it did not prevent transmission before they mandated it. The Vaccine Technical Advisory group advised the Government on a number of occasions regarding these risks. They were particularly concerned about the 16-29 yr age group and the risk of vaccine induced myocarditis. A significant number of our midwifery students fell within this age group. The Technical Advisory Group's advice for caution was ignored and withheld from the public.

The mandates created huge gaps in midwife availability predominantly within the LMC community but also within the hospital system. You just had to look in the newspapers to see multiple articles about the midwifery crisis in New Zealand and these continue today long after the dropping of these mandates. A number of very experienced midwives have not returned to the birthing space post mandates, their knowledge and wisdom lost to midwifery. Unavailable to pass their wisdom and expertise on to our future workforce.

The mandates not only affected those mandated out of their jobs but also those who remained – many now leaving the profession due to burn out and stress due to the increase in their workload.

As a result, student midwives are being placed at risk and expected to perform tasks far beyond their point of training as they are being used to “fill the gaps” within the system as the workforce is brought to its knees. This is nothing new but has certainly been exacerbated by the mandates. AND what the mandates have taught them is not to go against the narrative – just shut up, do not question and do as you are told.

Securing placements for students to gain the required clinical skills has become increasingly challenging. It was already difficult to find experienced midwives to preceptor students, but the mandates have intensified this difficulty. Without the exposure to the continuity of care model of midwifery that New Zealand is world renowned for, we are heading towards graduating midwives with exposure only to the medicalised version that is exploding within our hospital system.

We should be encouraging students to ask questions without the threat of punishment – research is based on the asking of questions.

There were so many “Red Flags” prior to the mandates all of which were dismissed by those in power as they pushed their support of these injections and mandates. What did this teach our students – to ignore red flags and blindly follow the masses regardless of the outcomes?? If the majority agree then it must be right??

It was revealed in a court case in June 2022 that the Ministry was aware before the mandates were imposed that the transmission rate of Covid 19 within healthcare settings from a covid positive healthcare worker was 1:500 which equates to a transmission rate not from any healthcare worker but from a covid positive healthcare worker of 0.2% which I am sure you will agree is extremely low. Midwives lost their careers and students lost their dreams for 0.2%!!

This transmission rate was arrived at by the Ministry using its own research and statistics prior to the implementation of the mandates.

With more and more evidence accumulating that links this injection to excess deaths around the world, what does the Government’s continued support teach people – students included – once you have made a stand, you must die on that hill even if you later discover that you have climbed the wrong hill? That “saving face” and “complying” is more important than admitting you were wrong?

As the training institutions push out graduate midwives with little exposure to continuity of care or the LMC model of care but rather have been indoctrinated into a medical model of care – one that has its health professionals too scared to “question the science” or the hierarchy – ask yourselves – were the Government on the right side of history? Evidence suggests not!! They trampled roughshod over the Bill of Rights, The Code of Ethics and Informed Consent and this must never be allowed to happen again. We would like to thank you for providing us with the opportunity to meet with you today and we are now happy to take any questions.

References:

[Informed-Consent-and-Decision-Making.pdf \(midwife.org.nz\)](#)

[Informed consent | Te Whatu Ora - Waitematā \(waitematadhb.govt.nz\)](#)

[Code of Health and Disability Services Consumers' Rights — Health & Disability Commissioner \(hdc.org.nz\)](#)

[mRNA-1273 is placenta-permeable and immunogenic in the fetus](#)

[Prescriber Update Vol 42 No.2](#)

[Staggering New Data From Health New Zealand and Others - Hatchard Report](#)

[H202112324 documents redacted.pdf](#)

[OCRPfizer-1_Redacted.pdf](#) (Likely the same contract that NZ signed but we, the public, are prevented from seeing)