



The Competencies for Entry to the Register of Midwives¹ provide detail of the skills, knowledge, and attitudes expected of a midwife to work within the Midwifery Scope of Practice. Where the Midwifery Scope of Practice provides the broad boundaries of midwifery practice, the competencies provide the detail of how a registered midwife is expected to practise and what she is expected to be capable of doing. By defining the minimum competence standards for registration as a midwife in New Zealand the Midwifery Council has established the minimum standard that all midwives are expected to maintain in their ongoing midwifery practice.

The Competencies for Entry to the Register of Midwives are as follows:

Competency One

“The midwife works in partnership with the woman/wahine throughout the maternity experience.”

Explanation

The word midwife has an inherent meaning of being “with woman”. The midwife acts as a professional companion to promote each woman’s right to empowerment to make informed choices about her pregnancy, birth experience, and early parenthood. The midwifery relationship enhances the health and well-being of the woman/wahine, the baby/tamaiti, and their family/whanau. The onus is on the midwife to create a functional partnership. The balance of ‘power’ within the partnership fluctuates but it is always understood that the woman/wahine has control over her own experience.

Performance Criteria

The midwife:

- 1.1 centres the woman/wahine² as the focus of care;
- 1.2 promotes and provides or supports continuity of midwifery care;

¹ In May 2004 the Midwifery Council consulted on the Nursing Council of New Zealand’s (1996) ‘Competencies for Entry the Register of Midwives’. These four competencies were developed by the Nursing Council in consultation with the midwifery profession and were used to determine the level of competence required for graduates from New Zealand midwifery programmes since 1996. The Midwifery Council made minor modifications to the four competencies and formally adopted these as entry-level standards in July 2004. Further minor amendments were made in July 2007 in order to incorporate Turanga Kaupapa.

² Note: The word “woman” or “wahine” used throughout includes her baby/tamaiti/partner/family/whanau.

- 1.3 applies the principles of cultural safety³ to the midwifery partnership and integrates Turanga Kaupapa within the midwifery partnership and midwifery practice⁴;
- 1.4 recognises Maori as tangata whenua of Aotearoa and honours the principles of partnership, protection, and participation as an affirmation of the Treaty of Waitangi;
- 1.5 recognises and respects the woman's/wahine ethnic, social, and cultural context;
- 1.6 facilitates, clarifies, and encourages the involvement of family/whanau as defined by the woman/wahine;
- 1.7 respects and supports the needs of women/wahine and their families/whanau to be self-determining in promoting their own health and well being;
- 1.8 promotes the understanding that childbirth is a physiological process and a significant life event;
- 1.9 communicates effectively with the woman/wahine and her family/whanau as defined by the woman;
- 1.10 provides up to date information and supports the woman/wahine with informed decision-making;
- 1.11 negotiates the midwifery partnership, recognising and respecting the shared responsibilities inherent in it;
- 1.12 maintains confidentiality and privacy; and
- 1.13 formulates and documents the care plan in partnership with the woman/wahine.

Competency Two

“The midwife applies comprehensive theoretical and scientific knowledge with the affective and technical skills needed to provide effective and safe midwifery care.”

Explanation

The competent midwife integrates knowledge and understanding, personal, professional and clinical skills within a legal and ethical framework. The actions of the midwife are directed towards a safe and satisfying outcome. The midwife utilises midwifery skills that facilitate the physiological processes of childbirth and balances these with the judicious use of intervention when appropriate.

³ Cultural Safety means “*the effective midwifery care of women from other cultures by a midwife who has undertaken a process of reflection on her own cultural identity and recognises the impact of her culture on her practice*”. Unsafe cultural practice is “*any action that diminishes, demeans or dis-empowers the cultural identity and well-being of an individual*” (NZCOM, 2005, p.46)

Culture includes age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (NCNZ, 2002b, p.7). Cultural Safety provides an instrument that allows a woman and her family to judge whether the health service and delivery of health care is safe for them (Ramsden, 2002).

⁴ Turanga Kaupapa are guidelines for cultural competence developed by Nga Maia o Aotearoa and formally adopted by both the Midwifery Council of New Zealand and the New Zealand College of Midwives.

Performance Criteria

The midwife:

- 2.1 provides and is responsible for midwifery care of the woman/wahine and her family/whanau during pregnancy, labour, birth and the postnatal period;
- 2.2 confirms pregnancy if necessary, orders and interprets relevant investigative and diagnostic tests, carries out necessary screening procedures, and systematically collects comprehensive information concerning the woman's/wahine health and well-being;
- 2.3 assesses the health and well-being of the woman/wahine and her baby/tamaiti throughout pregnancy, recognising any condition which necessitates consultation with or referral to another midwife, medical practitioner or other health professional;
- 2.4 utilises a range of supportive midwifery skills which facilitate the woman's/wahine ability to achieve her natural potential throughout her childbirth experience;
- 2.5 attends, supports, and regularly assesses the woman/wahine and her baby/tamaiti and makes appropriate, timely midwifery interventions throughout labour and birth;
- 2.6 identifies factors in the woman/wahine or her baby/tamaiti during labour and birth which indicate the necessity for consultation with, or referral to, another midwife or a specialist medical practitioner;
- 2.7 provides and is responsible for midwifery care when a woman's/wahine pregnancy, labour, birth or postnatal care necessitates clinical management by a medical practitioner;
- 2.8 recognises and responds to any indication of difficulty and any emergency situation with timely and appropriate intervention, referral, and resources;
- 2.9 assesses the health and well-being of the newborn and takes all initiatives, including resuscitation, which may be necessary to stabilise the baby/tamaiti;
- 2.10 regularly and appropriately assesses the health and well-being of the baby/tamaiti and initiates necessary screening, consultation, and/or referral throughout the postnatal period;
- 2.11 proactively protects, promotes and supports breastfeeding, reflecting the WHO's⁵ "Ten Steps to Successful Breastfeeding";
- 2.12 assesses the health and well-being of the woman/wahine and baby/tamaiti throughout the postnatal period and identifies factors which indicate the necessity for consultation with or referral to another midwife, medical practitioner, or other health practitioner;
- 2.13 demonstrates the ability to prescribe, supply, and administer medicine, vaccines, and immunoglobulins safely and appropriately within the midwife's scope of practice and the relevant legislation;
- 2.14 performs a comprehensive end-point assessment of the woman/wahine and her baby/tamaiti within the six week postnatal period, including contraceptive advice and information about and referral into well woman and well child services, including available breastfeeding support and immunisation advice;

⁵ World Health Organisation

- 2.15 shares decision making with the woman/wahine and documents those decisions;
- 2.16 provides accurate and timely written progress notes and relevant documented evidence of all decisions made and midwifery care offered and provided;
- 2.17 demonstrates an accurate and comprehensive knowledge of legislation affecting midwifery practice and obstetric nursing;
- 2.18 collaborates and co-operates with other health professionals, community groups and agencies when necessary; and
- 2.19 provides the woman/wahine with clear information about accessing community support agencies that are available to her during pregnancy and to her, the baby/tamaiti, and family/whanau when the midwifery partnership is concluded

Competency Three

“The midwife promotes practices that enhance the health of the woman/wahine and her family/whanau and which encourage their participation in her health care.”

Explanation

Midwifery is a primary health service in that it recognises childbirth as significant and normal life event. The midwife is therefore responsible for supporting this process through health promotion, education, and information sharing, across all settings.

Performance Criteria

The midwife:

- 3.1 demonstrates the ability to offer formal and informal learning opportunities to women and their families/whanau to meet their specific needs;
- 3.2 encourages and assists the woman/wahine and her family/whanau to take responsibility for their health and that of the baby by promoting self-health and healthy life-styles;
- 3.3 promotes self-determination for the woman/wahine and her family/whanau;
- 3.4 promotes and encourages exclusive breast feeding as the optimal way of feeding an infant;
- 3.5 demonstrates an understanding of the needs of women/wahine and their families/whanau in relation to infertility, complicated pregnancy, unexpected outcomes, abortion, adoption, loss and grief, and applies this understanding to the care of women and their families/whanau as required;
- 3.6 uses and refers to appropriate community agencies and support networks; and
- 3.7 ensures the woman/wahine has the information about available services to access other health professionals and agencies as appropriate.

Competency Four

“The midwife upholds professional midwifery standards and uses professional judgment as a reflective and critical practitioner when providing midwifery care.”

Explanation

As a member of the midwifery profession the midwife has responsibilities to the profession. The midwife must have the skills to recognise when midwifery practice is safe and satisfactory to the woman/wahine and her family/whanau.

Performance Criteria

The midwife:

- 4.1 accepts personal accountability to the woman/wahine, to the midwifery profession, the community, and the Midwifery Council of New Zealand for midwifery practice;
- 4.2 recognises the midwife’s role and responsibility for understanding, supporting, and facilitating the physiological processes of pregnancy and childbirth;
- 4.3 demonstrates the ability to provide midwifery care on her own professional responsibility throughout pregnancy, labour, birth, and the postnatal period;
- 4.4 recognises strengths and limitations in skill, knowledge and experience and shares or seeks counsel, consults with, or refers to, a relevant resource, other midwives, or other health practitioners;
- 4.5 assesses practice in relation to current legislation, the Midwifery Scope of Practice and Competencies for Entry to the Register of Midwives, and the New Zealand College of Midwives’ “Handbook for Practice” and “Code of Ethics”;
- 4.6 directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses;
- 4.7 participates in Midwifery Standards Review using professionally recognised standards and reflects on and integrates feedback from clients and peers into midwifery practice;
- 4.8 recognises own values and beliefs and does not impose them on others;
- 4.9 is aware of the impact of gender, race and social policies and politics on women, midwives and the maternity services;
- 4.10 demonstrates a commitment to participate in ongoing professional development;
- 4.11 participates in cultural safety education and development;
- 4.12 assists and supports student midwives in the development of their midwifery knowledge and skills in clinical settings: and
- 4.13 works collegially and communicates effectively with other midwives and health professionals.