New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

31 May 2024

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa | New Zealand College of Midwives
PO Box 21 206
Christchurch 8143
Tel (03) 377 2732

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa |New Zealand College of Midwives (The College) is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 95% of the practising midwives in this country. There are approximately 3,300 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 whānau each year. Aotearoa New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman/person and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice programme that includes mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by Te Tatau o te Whare Kahu | Midwifery Council. The College recognises the status of Te Tiriti o Waitangi as the founding document for Aotearoa. It is committed to working towards building an organisational framework that fosters and recognises its obligations under Te Tiriti o Waitangi.

Midwives provide an accessible and primary health care service for women, people and their whānau in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within primary, secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women/people and their whānau, midwives, health and social service agencies, Te Whatu Ora | Health NZ, and Manatū Hauora | Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support whānau to achieve the optimum outcome for their pregnancies, health and wellbeing.

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Tēnā koutou,

Re: Strategic Approach to Immunisation in New Zealand

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa | New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Strategic Approach to Immunisation in New Zealand and thanks the Public Health Agency | Te Pou Hauora Tūmatanui for the targeted consultation invitation. This response addresses key issues for the midwifery profession, rather than covering the whole document.

1. We fully support the development of a national immunisation strategy. We support the vision, which is clear and easy to understand. The Guiding Principles are sound and we are particularly pleased to see governance and accountability as key principles.

2. The document is rightly focussed on what communities have identified they need to support equitable access and increased uptake of immunisation. We note the statement on page 1 of the Guide: *This work has been guided by what communities, whānau, providers, professionals and other stakeholders have already told us about their experience of the immunisation system, what has and has not worked for them in the past, and lessons they have learned.* However, the methodology for the development of the Strategic Approach is not explained any further. It is therefore unclear whether the process of gaining insight was robust, evidence-based, or representative of all key stakeholders including all communities as well as service providers, academics and experts in the field.

   We note that statements are framed as what communites *have told us*, however there is no information about whether the issues have been quantified by population group or region, which would be useful to develop appropriate responses. It is therefore reassuring to see objectives within each strategic priority that identify the importance of high-quality and timely data, ensuring services are data-driven and use robust data systems. An example of when the lack of data caused a major problem was during the Covid-19 vaccination rollout, when pregnancy status was not collected as part of the immunisation data. This hindered efforts to improve pregnancy vaccination rates, putting unvaccinated pregnant women/people and their babies at risk of preventable harm from Covid-19 infection (e.g. ICU admission) and its effects on pregnancy outcomes (e.g. preterm birth).

   We recommend that a detailed section is added to the document to explain how stakeholder engagement was undertaken and with whom, to quantify gaps in access gaps

and reasons, and to provide clarity and transparency of the process that was taken to develop and iterate drafts and agree on the final version.

3. The College supports widening options for whānau to access immunisation in Strategic Priority 1, including more community-based providers and, we suggest, midwives. It is essential that immunisation services are well integrated with the primary health care service. Immunisation is a touchpoint where additional health needs can be identified, for example enrolment with a primary care provider (GP/Nurse Practitioner) and if a woman/person is pregnant, registration with a Lead Maternity Carer (LMC) midwife. We suggest that this point warrants an additional Strategic Priority, to ensure all primary care services are strongly linked so that alongside immunisation, access to other important preventive healthcare is also improved.

4. Antenatal immunisation (also known as maternal immunisation) for pertussis and influenza needs special attention. As identified by that National Immunisation Taskforce in its 2022 report, there has been no governance or strategic approach to antenatal immunisation since its introduction (2010 for influenza and 2013 for pertussis), and as a result it has not been prioritised. Data for 2021 indicates that fewer than 30% of pregnant women/people were immunised against influenza, an intervention that can prevent serious morbidity and mortality (see figures 1-3 at the end of this submission), and only about half were immunised against pertussis. The deaths of four infants in 2023, which could have been prevented by antenatal and infant immunisations, is a stark reminder of the importance of this intervention. Furthermore, significant inequities by ethnicity are evident, further underlining the importance of a section of the strategy dedicated to maternal immunisation.

5. While we acknowledge that this document is an overarching strategy from which a workplan will presumably be developed, we consider that some content should be included about how the priorities are to be realised, which would align with the accountability principle. We particularly recommend including some detail on how antenatal immunisation rates will be improved, because progress on the National Immunisation Taskforce antenatal immunisation recommendations has lagged behind the other action areas, according to update reports to the Taskforce members. Key among these is the pressing need for leadership on maternal immunisation, as per Recommendation 3.15 (p. 78) of the Taskforce report:
   Convene an expert working group to develop and implement a comprehensive antenatal immunisation system to:
   - *put Te Tiriti o Waitangi obligations and equity considerations at the forefront of systems planning*
   - *consider how antenatal immunisation data is collected, reported, monitored and acted upon*
   - *build a positive culture of antenatal immunisation*
   - *take an integrated approach: break down barriers to a shared health information system and foster relationships between providers, to work together to improve vaccination rates*
   - *ensure locality plans include antenatal immunisation activity.*

   Furthermore, there is still no funding mechanism for LMC midwives to vaccinate, as recommended in the Taskforce report (3.18, p. 78):

Expand the options for access with a particular focus on hapū māmā Māori and Pacific people.

- *Expand places and times that antenatal immunisation can be given, for example, midwifery clinics, pharmacies, parent education sessions, local marae, outpatient and inpatient hospital settings.*
- *Implement funding for lead maternity carer midwives to prescribe and administer antenatal immunisations, where practicable.*

6. While the immunisation infrastructure should be focussed on proactive initiatives to ensure timely immunisation as a key equity measure (rather than relying on catch-up for delayed immunisation), there should be a backstop for those who, for any reason, are not vaccinated on time. Opportunistic vaccination services deserve explicit inclusion in the Strategic Priority 1, specifically in hospital settings. Immunisation status, particularly for pregnant women/people and children, should be routinely checked in emergency departments, outpatient clinics, antenatal obstetric and midwifery hospital clinics, antenatal and postnatal wards and paediatric wards, with the availability of on-the-spot catch-up immunisations (this could be achieved by having a hospital-wide immunisation team available to attend across the campus). Other touchpoints include blood-testing centres and ultrasound providers, particularly for pregnancy, as identified in the Taskforce report, Recommendation 3.18 (already noted above).

7. We suggest an addition to Strategic Priority 2: Aotearoa research into immunisation is prioritised, resourced and supported, including long-term follow-up on antenatal immunisation, to build trust and confidence in vaccination during pregnancy.

8. We suggest some additions to Strategic Priority 4:
    - In line with the National Immunisation Taskforce, "accountabilities" could be added to the second dot point, thus *The system has effective governance settings with clear roles, responsibilities, decision making processes and accountabilities*.
    - Fourth dot point: *There is a shared understanding of what success looks like*. We suggest being specific about what success looks like, otherwise it is not clear how this is determined or how we develop a shared understanding. For example, *There is a shared understanding that success looks like equal rates of immunisation across all ethnic and socioeconomic groups, in both maternal and childhood immunisation. There is a shared understanding that infant immunisation begins during pregnancy with maternal immunisation, and antenatal immunisation rates equal infant immunisation rates.*
    - We suggest that an additional dot point is added to Strategic Priority 4: *A robust pandemic preparedness plan is developed, including clear processes for the rapid consideration and equitable roll-out of new vaccines for novel viruses. The plan includes a specific category for pregnant women/people, who may be at higher risk from a novel infection but with less available safety data from clinical trials.*
      The College and the Royal Australian and NZ College of Obstetricians and Gynaecologists (RANZCOG) co-developed a draft document on principles for considering vaccination for pregnant women/people in the presence of a novel infection and new vaccine, which we shared with the Royal Inquiry into Covid-19 Lessons Learned. The papers which informed our approach are worthy of consideration within the strategy, and are referenced at the end of this submission.

Thank you again for the opportunity to provide feedback on this important Strategy. Please do not hesitate to contact me if the College can be of any assistance in future, particularly in relation to maternal immunisation.

Ngā mihi,

Claire MacDonald
Midwifery Advisor, Public Health and Equity

References on maternal immunisation against emerging infections

Krubiner CB, Faden RR, Karron RA, Little MO, Lyerly AD, Abramson JS, Beigi RH, Cravioto AR, Durbin AP, Gellin BG, Gupta SB, Kaslow DC, Kochhar S, Luna F, Saenz C, Sheffield JS, Tindana PO; PREVENT Working Group. Pregnant women & vaccines against emerging epidemic threats: Ethics guidance for preparedness, research, and response. *Vaccine. 2021 Jan 3;39*(1):85-120. doi: 10.1016/j.vaccine.2019.01.011.

Manningham-Buller E. & Brocklehurst P. (2022) *Healthy Mum, Healthy Baby, Health Future: The Case for UK Leadership in the Development of Safe, Effective and Accessible Medicines for Use in Pregnancy.* University of Birmingham & Birmingham Health Partners. Available here.

Figure 1. Total antenatal coverage in Aotearoa (2017 to 2021) for pertussis and influenza vaccines

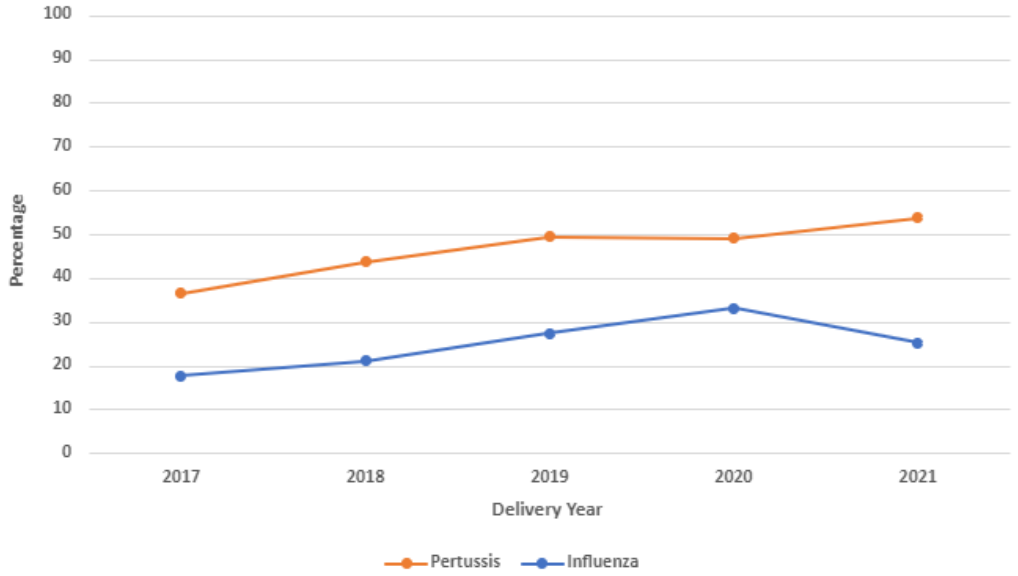


Figure 2. Antenatal pertussis vaccine coverage by ethnicity in Aotearoa (2017 to 2021)

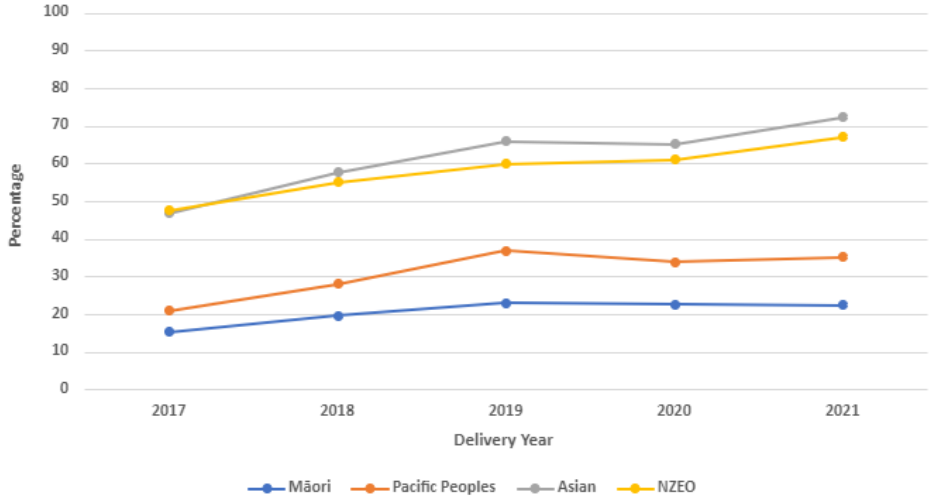
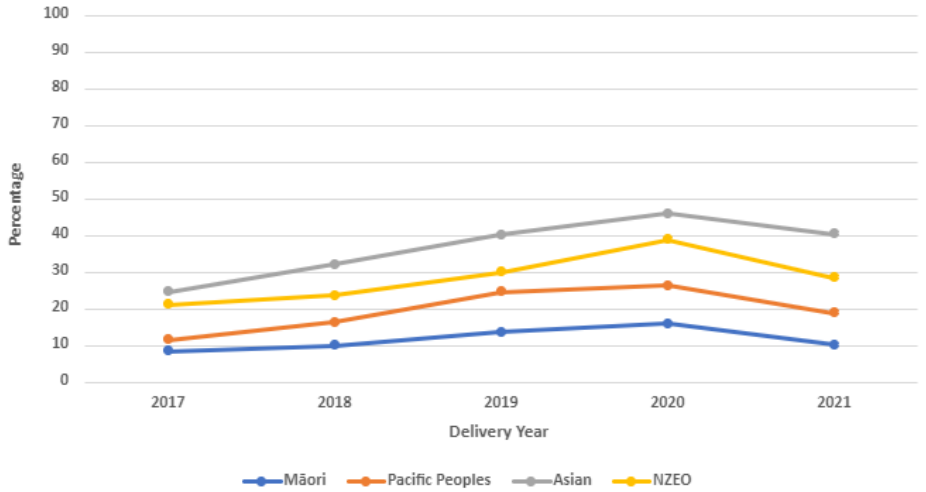


Figure 3. Antenatal influenza vaccine coverage by ethnicity in Aotearoa (2017 to 2021)



Source: Te Whatu Ora (2022). Initial Priorities for the National Immunisation Programme in Aotearoa. pp. 43-44