

## Keeping midwives safe in the time of Covid



As a union we are focused on ensuring your health and safety at work. The recent case of a nurse contracting Covid-19 at the Auckland Jet Park quarantine facility highlights the potential risks associated with working with people with Covid-19.

The infection control procedures are under review, and unions will be pushing for the implementation of any changes that are recommended.

In the meantime, please stay home if you have Covid-like symptoms to protect the health of our colleagues and the women and babies we care for. There are also times as health professionals where you may need to self-isolate for potential work or non-work exposure to Covid-19.

Since the Level 4 lockdown, special leave provisions have been negotiated with DHBs for occasions where, if you are required to self-isolate for potential work or non-work exposure to Covid-19, you will be paid special leave that is not charged against your sick leave entitlement. The DHBs are taking the position that this only applies if you are asymptomatic. We do not agree.

MERAS, along with the other health unions, also want to see the special leave provisions extended to times when you need to take time off work for mild cold or sore throat symptoms where you might previously have continued to work.

The MERAS DHBs MECA, clause 18.1(h) provides for special leave if you are required to stand down from work because you have a minor illness which could

have a detrimental impact on patients or staff. We want to see this clause apply in these situations.

It is also important that you remain vigilant to the risks of covid-19, screening women and visitors for risk factors, frequent hand washing, wearing appropriate PPE, and following clinical guidelines.

### **Abortion law reform impacts on midwifery**

Women can now directly refer themselves for termination of pregnancy services as a result of changes to the Abortion Legislation Act which was passed on 24 March.

Midwives are included in a wider range of health professionals who are now able to provide abortion services, subject to scope of practice and training.

There are no statutory requirements for abortions up to 20 weeks of pregnancy and a qualified health practitioner can provide abortion services without consultation with another health practitioner.

For termination of pregnancy requests above 20 weeks of pregnancy, a health professional must reasonably believe that the abortion is clinically appropriate and must consult with at least one other health practitioner. They must have regard to relevant legal, professional and ethical standards, as well as a woman's physical and mental health, and overall wellbeing. Gestation of the foetus is also to be taken into account.

Health professionals have the right not to be involved in contraception, sterilisation or abortion services as a conscientious objection.

The impact on maternity services is becoming clearer since the change in legislation, and there are discussions occurring at a national level involving Midwifery Council (training and legislative impact), NZCOM (professional impact), DHB Midwifery Leaders and MERAS (workplace and staffing impacts). If you have any questions or concerns, please contact Caroline.

**Caroline Conroy, Co-leader (Midwifery)**

**Jill Ovens, Co-leader (Industrial)**