

### Privacy Law changes are a reminder of the need to maintain confidentiality

Maintaining confidentiality and privacy are an important part of our role as midwives.

Changes to the Privacy Act were introduced on 1 December. The changes ensure the Act is relevant and useful in regulating new privacy challenges.

The changes include:

**Principle 1** updated to clarify information can only be collected if it is necessary. Identifying information such as name or contact details should only be collected if needed.

**Principle 4** requires organisations collecting personal information from children or young people to ensure it is collected in a way that is fair.

A new **Principle 12** has been added to the Act which regulates how information can be sent overseas.

**Principle 13** now states that organisations must take responsible steps to protect unique identifiers from being misused.

#### Mandatory breach reporting

A privacy breach is an unauthorised or accidental access to personal information, disclosure, alteration, loss or destruction of personal information. If an organisation has a serious privacy breach that has caused serious harm to someone or is likely to, it will need to notify the Office of the Privacy Commissioner.

#### Challenges for midwives

As midwives we are familiar with working in a way that maintains the confidentiality and privacy of the women that we care for, but there are some situations where breaches can all too easily occur. These include:

**Corridor conversations:** As we interact with colleagues in busy ward areas conversations can easily lead to include discussion about care of women on the ward. There is a risk these discussions can be overheard by the woman, family or others. These conversations should occur with the woman or in the ward office

**Voices carrying through walls and over curtains:** Discussions that occur in shared rooms can be overheard by other women or family in that room. Some ward offices have thin walls and loud voices might be audible in adjoining rooms. Private spaces should be provided for sensitive discussions with women.

**Caring for staff members, for women who are related to friends or work colleagues, or for women who know each other:** All create additional challenges and pressures for midwives in maintaining privacy and confidentiality. Hospital colleagues or women who know each other may enquire as to the well-being of the pregnant woman. It is important that midwives are not drawn into these discussions. Family and friendship dynamics can be complex and information should not be disclosed or shared. Even answering “yes” to a simple question can breach a confidentiality.

**Social media:** Midwives need to be very careful about what they post on social media, as even closed groups are not private. Avoid discussing clinical cases as it can be very easy in small communities to identify the woman or family concerned.

#### Consequences can be very serious

Employers take complaints about breaches of privacy and confidentiality very seriously. If you are found to have breached a woman’s or her family’s privacy or confidentiality, this is likely to be considered serious misconduct and the outcome is likely to be a final written warning or termination of your employment which would also lead to a referral to Midwifery Council.

If anything in this update has raised concerns for you, please discuss with your Midwife Manager or Caroline.

#### Sick leave changes introduced

Workplace Relations Minister Michael Wood has introduced a Bill that will see minimum sick leave go from five days a year to 10. This means part-timers covered by MERAS Collective Agreements will get an increased entitlement to 10 days sick leave.

Although our DHBs MECA provides for sick leave on appointment, the Bill maintains the current six-month stand-down for new employees. This needs to change so all new employees can access sick leave from the start. We will be making a submission on this as the Bill goes through the process of becoming law in 2021.

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