



Report of the MERAS Co-leaders to the MERAS Annual General Meeting

Caroline Conroy and Jill Ovens

This past year has been the “Year of Covid” in amongst which we have:

- held our first ever MERAS Conference with more than 100 reps;
- grown our union by nearly 200 since the last AGM (now 1709 members);
- elected and trained new workplace reps (now 105 workplace reps);
- renegotiated our DHBs MECA and saw 1500 members out on strike over four days;
- achieved greater visibility of midwifery workplace issues through TV, radio, print and social media;
- participated in the wider union movement through joint activities, CTU National Affiliates Council meetings and conferences;
- achieved significant wins through the Midwifery Accord including a career pathway for employed midwives, Government funding for Māori and Pasefika midwifery students, midwifery clinical coaches, and funding midwives returning to practice;
- progressed the Midwifery Pay Equity claim and achieved a “down payment” pending settlement of the claim;
- actively participated in all aspects of the implementation of CCDM into maternity services and representation at the Safe Staffing governance group
- engaged in forums, consultation and project working groups at all levels of the DHBs;
- and sadly, we have farewelled members who contributed hugely to MERAS and who have passed on.

Author Arundhati Roy sees Covid as an opportunity to break with the past and imagine our world anew. She describes the pandemic as “a portal, a gateway between one world and the next.”

“We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it,” she says.

MERAS is campaigning for change for a better World

In our 2020 Election campaign, and since then, MERAS has been campaigning on broad social issues, as well as issues that affect midwifery. The lockdowns highlighted the importance of community health and wellbeing with the slower pace of life, connection with whanau and the value of human friendship, as opposed to an emphasis on economic growth.

Covid-19 has highlighted New Zealand’s vulnerability to interruptions in the global economy and supply. We have called for a reset of our economy sustainably with local manufacturing to secure our supply chain for essential products such as PPE and pharmaceuticals, and an emphasis on food resilience.

We have welcomed the strong mandate for prioritising our planet, and we support action on tackling climate change, biodiversity, waste reduction, clean air, and clean water. As part of our commitment to the environment and the future of our Planet, we have signed up to Ora Taiao, a coalition of health professionals calling for action on climate change and health.

We have lobbied the Labour-led Government to reprioritise investment into health and education, affordable housing, and services for women and their families, such as those services that address family violence.

Specific issues we are highlighting that affect MERAS members include:

1. Progress on workers' issues, such as pay equity, health and safety at work, ACC and paid parental leave.

MERAS has been totally frustrated by the slow progress on pay equity for DHB-employed midwives, a process that Jill (lead for MERAS), Caroline, Karen Gray and MERAS members Liz Winterbee and Leila Sparrow have been involved in. MERAS and NZNO have been working together since 2018 on a joint claim with the DHBs for pay equity for midwives, but the agreed process has been hampered by the same biases that created the inequity of the first place.

We want to see real commitment by the DHBs and Ministry of Health to recognise that midwives are highly educated, highly skilled, with unique knowledge and understanding of pregnancy, labour and birth and post-natal care of women and their babies.

We are currently running a Parliamentary petition to extend the initial period of paid parental leave to provide for a separate entitlement for the woman's partner to ensure support is in place for the mother and to assist with other children in those first few weeks.

We also want to ensure that surrogate mothers have access to a period of paid parental leave after the birth to recuperate, and to extend provision of leave for intending parents to attend ante-natal appointments and scans.

Jill represents MERAS in health and safety steering groups at some DHBs and at National BAG (bipartite action group) and HSRA (tripartite Health Sector Relationships Agreement). She has been involved in discussions with Worksafe NZ highlighting failures in DHBs H&S systems. MERAS could do more in this space. There are very few MERAS members who have taken up H&S rep responsibilities, which would allow us to issue PINs (provisional improvement notices) in situations such as unsafe staffing.

MERAS is supporting a campaign led by Greens MP Jan Logie to address the inequities of the ACC scheme in terms of issues affecting women, such as birth injuries.

At the recent CTU Women's Conference, union women supported a MERAS remit to increase the amount of the KiwiSaver employer contribution (initially to 4%). We were also supported in our call for childcare facilities to be provided 24/7 at all hospitals to meet the needs of staff working rotating shifts.

2. Pushing for a sustainable midwifery workforce

The shortage of midwives working in DHBs is putting huge pressure on maternity services and MERAS members that work within those services. Opportunities to highlight the importance of the midwifery workforce, ensure appropriate staffing levels and to introduce initiatives that make midwifery an attractive career option, support new graduate midwives and retain experienced midwives has been occurring through CCDM, the Midwifery Accord and DHB Maternity Forums.

Caroline is the lead for MERAS on CCDM, but it is the contribution of MERAS members in all the DHBs entering good Trendcare data that has seen significant increases in budgeted FTE for maternity services. However, the challenge will now be to fill that additional FTE with midwives.

CCDM has provided an opportunity to highlight the acute nature of maternity services to the broader hospital and there is now greater recognition that maternity and mental health are different in many ways to other areas of hospital services.

The Midwifery Accord was established as an outcome from the last MERAS MECA terms of settlement. Caroline (lead for MERAS), Jill and Joyce Croft are involved in the Accord work. In the last year the following initiatives have been announced as outcomes from the Accord group:

- Recognition of the importance of ‘growing our own’ midwives.
- A national information package for midwifery undergraduates
- Wrap-around support for Māori and Pacific midwifery undergraduates and a hardship fund for all students
- A support package for midwives on Return to Practice programmes
- Funding for new midwife clinical coach role for all DHBs
- A Midwifery career pathway for midwives in DHB employment

MERAS continues to advocate for the provision of financial support for midwifery students and have called on the Government to fully fund midwifery education through the fund for workers displaced by Covid, currently only available for apprenticeships and sub-degree courses. Bearing in mind that many midwifery students have family responsibilities, one source of financial support for those with low family incomes could be a Tertiary Incentive Allowance available for the duration of the course.

MERAS is also supporting the introduction of maternity care assistant roles for student midwives to be employed into whilst undertaking their midwifery training as a way of providing some employment opportunities and this role will be included in the new MERAS MECA.

3. Prioritisation of women’s health.

Through the transition to Health NZ, MERAS is calling for adequate funding of all maternity services, funding to support the upgrade of maternity facilities, provision of publicly funded primary birthing centres where needed, and a review of the model and funding of DHB contracted-out maternity services and facilities.

We are also advocating for increased support for new families, including wrap-around services for vulnerable women and their babies, and community breastfeeding initiatives. We note with concern the proportion of uplifts of Māori babies by Oranga Tamariki and we are advocating for resources to go into providing facilities where women can be supported to care for their babies, which could be in partnership with iwi.

MERAS notes the increase in mental health issues for women, including increases in drug use, anxiety and anti-depressants. We support the provision of fit-for-purpose, family-friendly services for women suffering post-natal depression.

MERAS is growing in strength and visibility

MERAS has 1709 members, all of whom are midwives or midwifery students. We have a growing “young” membership; currently 440 MERAS members are under 35, 10 of them are workplace representatives, and two of them represented MERAS at the recent Council of Trade Union “Stand-Up” conference.

At the same time, MERAS has 70 members who are over 65 and we continue to hit our heads against a brick wall trying to address the stopping of the KiwiSaver employer contribution at the two Wellington DHBs and at Wairarapa DHB on our members’ 65th birthday, an effective pay cut of 3%. Hopefully this issue will be resolved without us having to go to the Employment Relations Authority.

MERAS has around 170 Māori midwives who are now represented on the NRC. Through our Values Sub-committee we identified a gap in our union’s bicultural foundation and we have been exploring integration of tikanga in our meetings, as well as issues for Māori midwives within DHBs.

Around 1500 MERAS members are directly employed by DHBs in tertiary and secondary hospitals and primary birthing units. There are somewhere between 1600 and 1800 midwives employed by DHBs (their figures vary), so MERAS represents between 83% and 94% of DHB-employed midwives.

MERAS also represents midwives employed by private primary birthing centres and we are waiting on the decision of the Employment Relations Authority in our long-running case on behalf of members formerly employed by the Wright Foundation at Te Papaioea in Palmerston North. We are also working with members affected by the closure of Te Awakairangi.

We have been renewing our Multi-Employer Collective Agreement with the DHBs (the MERAS and 20 DHBs MECA) since last November in what has been a frustrating process. There were significant gains in response to our claims when we met with the full DHBs' negotiating team in January, but we were hampered by bureaucratic processes that meant the DHBs' advocates had no ability to negotiate. In addition, the DHBs twice offered MERAS pay increases negotiated with NZNO which had already been rejected by their members. We are hopeful of a resolution in the near future with some additional wins for MERAS members.

We also have Collective Agreements with Hokianga Health, Rodney Coast Midwives, Auckland Birthcare, St George's Hospital and Waitaki District Health Services that have been renewed, or they have been on hold pending settlement of the DHBs MECA. A MECA with RiverRidge and Waterford Birth Centres is not due for renewal until 2023, but there are unresolved issues there over a cap in the reimbursement of APC costs and Waterford is now in new ownership.

MERAS is represented in the following peak bodies:

- HSRA (Health Sector Relationships Agreement), a national tripartite body) with representatives from the Ministry of Health, DHBs, and unions (Jill).
- National Bipartite Action Group with DHBs representatives and unions (Jill).
- Holidays Act Advisory Working Group (Jill).
- Midwifery Leaders sector group (Caroline).
- Safe Staffing Healthy Workplace Governance Group (Caroline).

MERAS is also actively engaged in the following projects and forums:

- CCDM (Care Capacity Demand Management) with Caroline on the SSHW governance group and Co-Chair of the CCDM Maternity Advisory Group.
- Midwifery Accord.
- Holidays Act Compliance steering groups and working groups in all 20 DHBs.
- Local bipartite action groups (local BAGs) and joint consultative committees (JCCs).

Health NZ

The Health Sector is facing a major restructuring in 2023. All 70,000 directly-employed DHB employees will become employees of Health NZ. A further 150,000 people will be employed by commission across the wider health sector. This means Health NZ will be the biggest public sector employer in New Zealand.

The NRC recently met with members of the Transition Team and there have been further meetings through the CTU to canvass unions on the employment relations/industrial relations arrangements. We hope this new structure will result in greater consistency of policies and more efficient bargaining, while at the same time preserving and enhancing local engagement of unions and management. The MECA will become a single employer collective agreement with Health NZ.

MERAS Staff

In 2020 MERAS appointed Karen Gray as a 0.4 FTE organiser. Karen is based in Christchurch and is actively involved on the Canterbury DHB local BAG and Holidays Act working group. She is also involved in the West Coast, South Canterbury and Southern DHBs supporting the workplace representatives and representing MERAS in the DHBs engagement. Karen was on the St George's negotiating team with the two workplace representatives and has led working parties in this primary maternity facility within the large private hospital.

Hannah Coleman is our website administrator. She does a great job updating and redesigning our website, which we are developing as our major source of information. We also contract with the College of Midwives for our membership and administration services, which are managed by Lisa Donkin.

We want to thank MERAS members, workplace reps, NRC and staff for your support during what has been a challenging year. We also want to acknowledge the on-going support of the College of Midwives. Together we have become a powerful voice for employed midwives.