

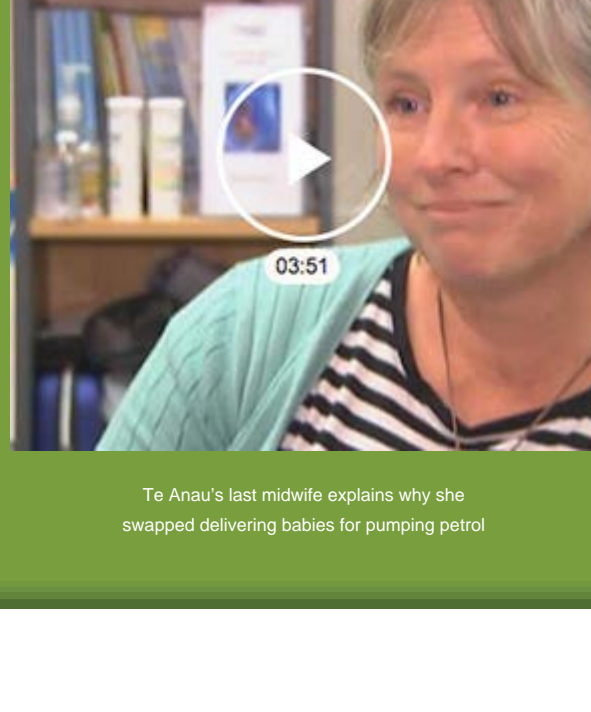
Nau mai. Haere mai. Ki te pānui o RHĀNZ mō tēnei wiki
(Te Reo for welcome to the RHĀNZ Newsletter for this week).

In this issue: Midwifery crisis in rural communities, the importance of primary care in treating depression. Professor Tipene-Leach to speak at this year's NRHC plus a selection of relevant media and research articles...

Who are RHĀNZ?

The Rural Health Alliance Aotearoa New Zealand represents a united voice from across multiple rural sector organisations. Our aim is to provide solutions and influence policy affecting the health and wellbeing of rural communities.

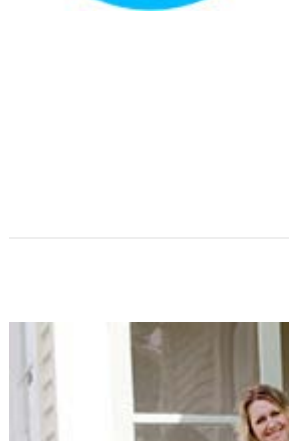
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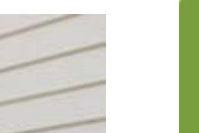
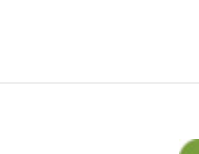
To Anau's last midwife explains why she swapped delivering babies for pumping petrol

We thank our strategic partner and supporters.

Strategic Partner



Strategic Supporters



Midwife and client outside Lincoln Maternity Unit

RURAL MIDWIVES AND WOMEN NEED SUPPORT

Where we are born is fundamentally important to who we are, how we are connected to our whanau and how we describe ourselves. "Where are you from?" is one of the first questions that we are often asked when we meet new people. Being born in a rural community shapes our identity, enables us to make deep connections to our 'place' and to develop our unique sense of who we are.

Midwives are the maternity service providers for rural New Zealand women. In almost all rural communities, there is no alternative provider. Midwives provide an essential primary health care service, and are educated to provide the care that women and their families need, from early pregnancy, labour and birth care and for the first 6 weeks after birth.

Midwifery is a relationship based service, and in rural communities, the intense nature of this relationship can be magnified. As such rural midwives have a highly satisfying role. They have the privilege of sharing the journey to parenthood with rural families every day and are professionally invested in supporting women to have the best outcomes (in every aspect of creating a family) that they can. They know that with the right support rural women having babies, and their families can thrive and flourish within their communities.

Health professionals who choose to work in rural communities have unique characteristics, midwives are no exception. They are highly visible and deeply committed to their communities, able to work at the top of their scope, cope with the tyranny of distance (and unpredictable weather!) confident in dealing with the unexpected and all aspects of emergency care, without the immediate support of a specialist 'team' or diagnostic services readily to hand. All of this and the responsibility of providing a service 24/7 on call.

Rural midwives are self-employed Lead Maternity Carers (LMCs) in the main, under the terms and conditions of the Section 88 Primary Maternity Services Notice. The terms of the Notice haven't been reviewed since 2007 and the payments have not kept pace with the costs and requirements of service delivery.

Such were the concerns of the profession about the lack of attention to the primary midwifery terms and conditions that three years ago the New Zealand College of Midwives initiated high court action against the previous government, for pay equity. This resulted in a mediated agreement between the Ministry of Health and the College to design a new funding model for community midwives. The final recommendations from the co-design work between the Ministry of Health and the College has been staged to the Ministry's senior leadership team and Minister. At this stage we have no certainty that the recommendations from the co-design will be accepted or funded. The profession and women and families in rural communities are becoming increasingly concerned about the sustainability of rural maternity services unless something happens quickly. The model of care and the service provided by midwives are highly valued by women, and New Zealand's model is internationally envied. However it urgently needs support.

Rural midwives are like the canary in the mine, their services are on the edge of sustainability, financially, personally and practically. There is limited additional funding for rural midwives under the Section 88 payments, and in recent months, the College has become aware that an increasing number of rural communities are experiencing shortages of rural midwives. The midwives are simply choosing not to work as midwives any longer which is devastating for them and their communities. The costs of providing the service (both financially and personally) are outweighing the funding that is allocated to midwives for this necessary service. These recent media pieces highlight the issues well and demonstrate the challenges that rural midwives face in making a sustainable living.

[Budget boost for midwives but Te Anau has none left and nearest maternity centre under threat](#)

[Wanaka down to last midwife](#)

[Lack of midwife access nears 'crisis point', could hurt rural communities](#)

Alison Eddy
 Maternity Advisor
 New Zealand College of Midwives

HOW TO TREAT DEPRESSION



In the February 14th 2018 issue of New Zealand Doctor an excellent article by Dr David Codyre, consultant psychiatrist and clinical lead mental health for East Tamaki Healthcare, focuses on [how to treat and manage depression in primary care settings](#) (subscriber only)

The focus on depression is justified in its own right but is also very pertinent to suicide prevention which was a topic of national concern in 2017 in New Zealand and continues to be so this year with the Mental Health Inquiry established under the Labour Government due to report back in October.

Many suicides occur in people with untreated depression so a key to reducing suicide rates is to train primary care providers to better recognise and manage depression. Most people who die by suicide visit their primary care practice in the year before they die; almost 50% visit in the month before they die and approximately 25% in the week before their death. In the month prior to their suicide attempt patients are twice as likely to be seen in primary care than by mental health services. Suicide prevention in primary care settings can reach the largest number of people and begins by screening for depression.

However, many primary care providers have few opportunities to receive training in suicide prevention or in depression recognition and management. Complementing Dr Codyre's excellent article, and funded by the Ministry of Health as part of the Rural Mental Health Initiative, the Rural Health Alliance Aotearoa New Zealand (RHĀNZ) has developed a suicide prevention educational package which is offered to primary care providers. It is a skills-based package which includes depression screening (using the PHQ-9, as discussed in Dr Codyre's article), suicide risk inquiry, development of a safety plan and counselling about access to means of suicide. It is equally appropriate for rural and urban providers.

If we want to have an impact on suicide rates, which are rising in many countries, we need to focus on primary care as a key site for suicide prevention in both rural and urban areas, and we need to encourage primary care providers to focus on depression recognition as a key approach to suicide prevention.

Credit: Dr Annette Beutrais, Suicide Prevention Advisor.

For more information on our suicide prevention programme [click here](#) or contact our Programme Manager, Marie Daly marie@rhanz.org.nz

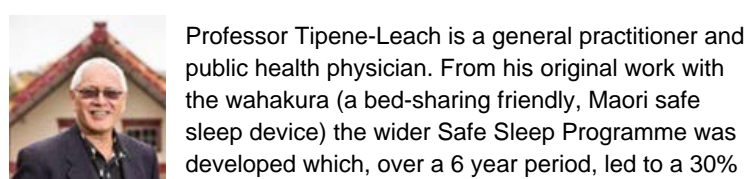
Workshops in March with spaces still available for primary care professionals are:

WAIKATO:

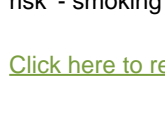
- [Te Kuiti](#) Monday, 5 March 2018
- [Tokoroa](#) Tuesday, 6 March, 2018

BAY OF PLENTY:

- [Whakatane](#) Wednesday, 21 March 2018



Keynote speaker profile
David Tipene- Leach



Professor Tipene-Leach is a general practitioner and public health physician. From his original work with the wahakura (a bed-sharing friendly, Maori safe sleep device) the wider Safe Sleep Programme was developed which, over a 6 year period, led to a 30% drop in post-perinatal mortality.

He developed and led a number of projects and collaborative studies pertaining to SUDI prevention with numerous publications and continues to work in community circles with weavers, mothers and midwives. He is now applying the 'wahakura lens' to the 'other SUDI risk' - smoking in pregnancy.

[Click here to register now](#)

Media Watch

Census data collection integrity questioned

This year's census is in danger of not providing the data needed to make good decisions, says Rural Women New Zealand (RWNZ).

"Whilst we understand and support the excitement of capturing our census data online, our concern is that many people still do not have access to internet whilst others might not have the capability or capacity to do so," says National President, Fiona Gover.

"The timing of the delivery of access code letters, which indicate that New Zealanders can opt for paper forms presents challenges for our rural communities, given that delivery of mail is taking longer and might only be delivered three days a week. (RWNZ)

[Read more](#)

What rural-urban divide?

Agriculture Minister Damien O'Connor has welcomed survey results that show many Kiwis - both urban and rural - hold a similar and positive view of the primary sector.

New Zealanders' views of the primary sector was initiated by the Ministry for Primary Industries last year to measure change against a 2008 benchmark survey.

Mr O'Connor says the key finding was that with very few exceptions, the views of rural and urban New Zealanders are very similar across key topics in the primary sector including water quality and expansion through value-add. (Voxy)

[Read more](#)

Lack of midwife access nears 'crisis point', could hurt rural communities

Young families are expected to shy away from rural communities with limited access to midwives.

Rural Women New Zealand health portfolio convener Margaret Pittaway said the issue had been growing for years, but was soon going to reach a crisis point if nothing was done to stop the deterioration of midwife access in rural communities.

"Midwives practising in rural communities have long battled the problems of geographical isolation in areas where the population continues to grow."

The Ministry of Business, Innovation and Employment (MBIE) added midwives to the "immediate skill shortage list" in December. (NZ Farmer)

[Read more](#)

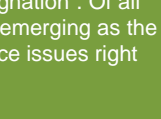
Companion robots could help our rural schools

Companion robots could be used in rural schools to help motivate students to study science and technology, and to provide comfort, according to University of Auckland research. The study, How Could Companion Robots Be Useful in Rural Schools, has recently been published in the International Journal of Social Robotics.

Lead author, Associate Professor Elizabeth Broadbent of the University's Faculty of Medical and Health Sciences, says, "To date, schools have mainly used robotic kits to teach children how to build and program robots. We were interested in how students and teachers would respond to a different kind of robot, a companion robot. Would it be seen as useful? Would it make students more interested in learning about science and maths?" (Voxy)

[Read more](#)

Midwifery crisis in rural communities



In December 2017 a delegation of Rural Health Alliance Aotearoa New Zealand (RHĀNZ) board members met with Hon. Damien O'Connor, new Minister of Rural Communities.

The Minister is well versed in the rural reality and certainly sees the value an organisation like ours can bring to his role. He was particularly interested in having an update on rural health workforce issues and we are in the process of gathering this information for him before we meet again later this month.

While the results are still being analysed, it is clear our rural health services are under extreme pressure at the moment. Some services are being described as "very fragile and person dependent and can fall over with a single resignation". Of all the professions, rural midwifery is emerging as the one facing the most acute workforce issues right now.

Our lead article is devoted to the rural midwifery crisis and thanks to Alison Eddy from the New Zealand College of Midwives for penning the story.

Rural midwives are critical to rural health services and our communities at large. They need our support. Please take the time to understand the issues and share across your networks.

Cheers and best wishes
 Michelle

Subscribe

Anyone interested in rural health is welcome to subscribe to this newsletter. Keep up to date with us by [subscribing now](#).

Member Column

Would you like to contribute an article for our newsletter? Tell a story about yourself or one of your members or something you're passionate about. Email your item to Michelle ce@rhanz.org.nz

Media Watch

The town that's found a potent cure for illness – community

Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation. There are lessons for the rest of the country. (The Guardian)

[Read more](#)

Lance O'Sullivan slams NZ's health system as 'shitty'

A prominent Maori doctor has blasted the New Zealand healthcare system, calling it "shitty" and poor. Doctor Lance O'Sullivan has today spoken at the Digital Nations summit in Auckland and says he wants to completely shatter our healthcare system in the next two years and make it better at incorporating technology. (Newstalk ZB)

[Read more](#)

Dropping proposed medical school would be 'disaster', MP say

The prospect of a new medical school remains up in the air, with the Government yet to commit.

But a National MP fears the proposal is already dead in the water under the Labour-led Government.

In August last year, Bill English - then prime minister - said the Government would establish a new school of rural medicine by 2020 to address the nation's rural GP shortage.

[Read more](#)

School bus clampdown 'discriminatory' and 'unfair' on rural families

Rural Golden Bay families affected by a school bus clampdown say the move to kick kids off or pay is "discriminatory" and "unfair". Golden Bay Coachlines has started enforcing Government rules in the small rural community in northwest Nelson.

Students who don't meet transport zone criteria have to pay for their rides to school, and some are getting kicked off buses that are full. Around 25 per cent of Golden Bay students have been affected by the changes which came into effect this year. (Stuff)

[Read more](#)

Fairfax to sell or close 28 print mastheads

Fairfax's NZ arm has announced it will close or sell 28 mastheads. Stuff today briefed staff on plans to reduce its portfolio of smaller community and rural titles.

About 60 staff could be affected. (NZ Herald)

[Read more](#)

Ensuring our young farmers' futures

The death of a nine-year old in a quad accident on a Waikato dairy farm in late January is a tragedy for his family. And it must be a final wake-up call for New Zealand farmers: we cannot allow this to keep happening.

Any death on a rural property is devastating, but to see the loss of someone so young, who was described by his teachers as "full of energy, excelling at sports and who had a big heart" is even more distressing given that this young person will not go on to reach his full potential. (Rural News)

[Read more](#)

New crop of nominees emerge in fourth rural practice of the year competition

The Rural General Practice Team of the Year competition has garnered nominations from a wider range of practices this year.

Seeing entries from practices that have never been nominated before is pleasing, Rural Health Alliance Aotearoa New Zealand chief executive Michelle Thompson says.

The competition, sponsored by the alliance, the New Zealand Rural General Practice Network, the Health Promotion Agency and New Zealand Doctor, is in its fourth year. (NZ Doctor – subscriber only)

[Read more](#)

Research & Resources Watch

Maternal health care is disappearing in rural America, Dina Fine Maron on February 15, 2017, Scientific America.

New data published from the Centers for Disease Control and Prevention that affirms that infant mortality differs by geography. The new study finds that more infants die from the leading causes of infant death in rural areas than in urban ones.

[Read more](#)

Events Watch

National Rural Health Conference



Pullman Hotel, Auckland, 5-8 April 2018.

The dates are Thursday, April 5 to Sunday, April 8, with the two main conference and exhibition days being Friday, April 6 and Saturday, April 7.

[Click here for more information](#)

6th RRHS Symposium will explore current research in rural and remote health

The 6th Rural and Remote Health Scientific Symposium, Outback Infront, is being held in Canberra on 11-12 April 2018 and [registration is now open](#). With its sights fixed on the future, the Symposium program will reflect the breadth and depth of current research in the rural and remote health sector today.

5th Annual Future Farms Conference | Conferenz

The 5th NZ Future Farms Conference, Palmerston North, 13-14 March 2018. The conference is aimed at preparing the next generation farmer for the future farm with insights into innovation and information in the agtech and agrifood sectors.

www.conferenz.co.nz

Emerging Tech in Health, 22 May 2018, Christchurch

How will healthcare be provided in over 10+ years? What part will technology play in the transformations that will occur through to the year 2030?

This event will focus on models of care, and how they will change and be delivered. The presentations will have a clinical and patient outcome focus whilst highlighting how technology will be developed and used to support these outcomes.

<http://www.hinz.org.nz/?page=2018ETH>

All creatures GREAT & SMALL

2018 NZVA conference | 19-22 June 2018
 Claudlands Events Centre, Hamilton
www.nzva.org.nz/conference2018

[See website for lists of topics and incredible speakers.](#)