

Frequently Asked Questions for LMCs (FAQs)

Q: What is this new funding for, who is eligible, and when does it start?

A: Health New Zealand | Te Whatu Ora (Health NZ) has partnered with the Midwifery and Maternity Providers Organisation (MMPO) to enable self-employed Lead Maternity Carer (LMC) Midwives, to receive funding to support them to offer antenatal immunisations.

Unlike primary care providers and pharmacies, LMC midwives have been unable to claim for vaccination event payments since administering immunisation is not listed in Section 94 of the Primary Maternity Services Notice (the Notice).

Through this new initiative, self-employed LMC midwives that claim under the Notice will be eligible to claim or apply for the following funding from 1 July 2025:

- **Vaccine administration payment** for antenatal immunisation events (Tdap, influenza, and Covid-19),
- **One-off \$250 payment** upon completion of the *IMAC Maternal Immunisation Essentials for Midwives* course, and
- **Cold-chain equipment funding**, available on a case-by-case basis to support safe vaccine storage and delivery.

Q: Why is antenatal immunisation important?

A: Antenatal immunisation rates are low in New Zealand and there are equity gaps: national pertussis coverage as at March 2025 was 63.3% for all ethnicities, 29.1% Māori, and 44.4% Pacific.

This funding is part of a broader strategy to increase the number of women who receive antenatal immunisations (pertussis, influenza, Covid-19) during pregnancy, which is critical due to the ongoing national pertussis epidemic that was declared on 22 November 2024.

Hapū māmā are at increased risk of severe illness if they catch influenza while pregnant. The influenza vaccine also protects pēpi after birth, reducing the chances of catching or becoming very unwell or hospitalised with influenza.

Hapū māmā are recommended to receive the pertussis vaccine from 16 weeks gestation to facilitate maternal antibody transfer to pēpi – this vaccination can be considered dose zero, since it provides pēpi with the first protection against pertussis (whooping cough) before receiving their 6-week immunisations. The primary pertussis series is given at 6 weeks, 3 months and 5 months. Together with the antenatal vaccine, this schedule aims to protect infants against pertussis infection, severe disease requiring hospitalisation, and death.

From the beginning of the current national epidemic on 19 October 2024 to 27 June 2025:

- a total of 2635 confirmed, probable and suspect cases of pertussis were notified;
- overall, 233 cases (9.2%) were hospitalised and there has been one death;
- of the 222 cases (8.4%) aged less than 1 year, 108 (49.1%)¹ were hospitalised.

Between 31 May 2025 and 27 June 2025, the ethnic group with the highest notification rate was Māori (7.5 per 100,000, 67 cases), followed by Pacific peoples (3.9 per 100,000, 14 cases). The notification rate for Asian populations was 2.0 per 100,000 (16 cases) and European/Other 2.6 per 100,000 (84 cases).

Hospitalisation rates since 19 October 2024 were highest among Māori and Pacific peoples, both overall and for cases aged less than 1 year.

Since the beginning of the national pertussis epidemic, the majority of hospitalised infant cases (89.8%, 97/100) are either aged less than 2 months or have not received all of their age-appropriate pertussis vaccine doses.

Issues contributing to low antenatal immunisation coverage include access to providers and limited awareness of pregnancy immunisations (in particular, the need for pertussis vaccinations in each pregnancy to protect every baby).²

LMC midwives are well-placed to offer immunisations – it is within their scope of practice and midwives have trusted relationships with hapū māmā and whānau. For some hapū māmā, a midwife might be the only health professional they engage with during pregnancy – and therefore may be the only opportunity to be informed about or receive immunisations.

Q: What vaccines are funded for reimbursement under this programme?

A: The payment rate per vaccination is as follows:

- \$46.00 (excl. GST) for Tdap (whooping cough)
- \$37.50 (excl. GST) for Influenza
- \$37.50 (excl. GST) for COVID-19

If more than one vaccine is given at the same time, you will be paid the lower vaccination event rate plus a co-administration fee of \$20.52 for any additional vaccines. All payments are GST exclusive.

These claims are valid only if the recipient meets [Pharmac eligibility criteria](#), and the event is recorded in the Aotearoa Immunisation Register (AIR).

Q: When will I be paid for the vaccines I administer?

A: Vaccination events will be paid to you twice a week, on Tuesday and Thursday.

¹ PHF Science Pertussis Report 31 May-27 June [[Pertussis Report 31 May–27 June 2025](#)]

² Immunisation Taskforce Report 2022 [<https://www.tewhātuora.govt.nz/publications/initial-priorities-for-the-national-immunisation-programme-in-aotearoa>]

Q: What vaccines can I administer?

A: As part of the [midwifery scope of practice](#), a midwife may consider offering vaccinations to those who are in their care. This includes pregnancy immunisations (Tdap, Influenza and Covid-19).

In July 2025, Te Tatau o e te Whare Kahu | New Zealand Midwifery Council approved colleague-to-colleague vaccinations as expanded practice within the Midwifery Scope of Practice under certain conditions. More information can be found on the IMAC midwives [resource page](#).

Q: To provide additional protection for pēpi against pertussis, can I administer the pertussis vaccine to whānau members of hapū māmā?

A: No, the current endorsed scope of practice for midwives does not allow midwives to offer vaccines to people other than the pregnant woman/person and pēpi. Whānau members can get vaccinated at their GP or community pharmacy; however, because Pharmac doesn't fund the pertussis vaccine for this cohort there will be a charge for the vaccination (unless they meet other [eligibility criteria](#)).

Q: Do I need a formal contract with Health NZ to be paid, and do I need to pay to sign up?

A: No. MMPO holds the primary contract with Health NZ and manages the digital payment system. Registering with the MMPO to claim this funding is free.

Q: I'm not an MMPO member — can I still be paid?

A: Yes. All self-employed LMC midwives are eligible to claim payments through the MMPO-administered Tiaki Vaccination Payment Service. Contact MMPO to get onboarded and support for AIR access, ordering, and payment setup.

Midwives who use a non-MMPO Practice Management System to claim for maternity services can continue to use their chosen provider while also accessing vaccination funding through the MMPO.

To register your interest and access support – please click the QR code:



Q: Do I have to do any training to offer vaccines?

A: A midwife is not required to complete authorised vaccinator training. Midwives can already administer antenatal vaccinations as part of the midwifery scope of practice.

Midwives are encouraged to do the free online 5-hour Immunisation Advisory Centre “Maternal Immunisation Essentials for Midwives” course and can claim a \$250.00 (excl. GST) incentive payment for doing so. This builds on undergraduate training and provides the knowledge and confidence to hold vaccination conversations with whānau as well as administer vaccinations.

Q: I’ve already done the IMAC training. Can I still get the \$250 incentive?

A: Yes, if you completed the IMAC Maternal Immunisation Essentials for Midwives course, you can claim the \$250.00 (excl. GST) training incentive retrospectively by providing a certificate of completion to MMPO.

Q: I’m already administering antenatal vaccines. How do I claim for these?

A: Antenatal vaccines given from 1 July 2025 are eligible for the vaccine administration payment. If you have been administering vaccinations since 1 July and haven’t received the vaccine administration payment for these events, please contact MMPO to arrange back payment via email: vaccsupport@mmpo.org.nz or phone: 03 377 2485 option 3.

Q: I’ve given vaccinations before 1 July 2025 — can I still claim for those?

A: No, claims for vaccine administration through this initiative can only be made for immunisations given on or after 1 July 2025, which is the start date for the funding agreement between Health NZ and MMPO. Vaccinations administered before this date are not eligible for reimbursement under this programme.

Q: I don’t have cold chain setup at my facility — can I still administer vaccines?

A: You can only administer vaccines if you have an approved cold chain setup or access to one through a shared or mobile model. Midwives in priority areas may be eligible for reimbursement of cold chain equipment (eg. fridge, data logger).

To find out more – please click the QR code:



Q: I'm interested in offering vaccines – what things do I need to set up?

A: Health NZ has an Immunisation Onboarding Guide available in the [NIP Dropbox](#), which provides information on how to offer an immunisation service, such as:

- Signing up for the Aotearoa Immunisation Register to record vaccinations and view immunisation history
- How to order vaccine stock
- How to download and order copies of health promotion materials
- A checklist for setting up your vaccination site, including appropriate cold chain for safe vaccine storage.

The MMPO, Health NZ regional teams, and local Immunisation Coordinators are available to support you through this process – you can find contact details in the Immunisation Onboarding Guide.

Q: What consumables can I claim for?

A: Consumables like needles, plasters, and syringes are not provided with vaccines but are covered by the administration fee. You must purchase these separately through your usual medical supply channels.

Q: How do I advertise that I now offer vaccines?

A: Once onboarded, you may wish to:

- Inform your clients directly
- Update your website or social media
- Use approved promotional materials (these can be downloaded from [NIP Dropbox](#) and [HealthEd](#), or printed copies can be ordered for free from [Bluestar](#))