

February 9, 2016

Submission No. 011

Leanne Linard MP

HASC Received
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Health and Ambulance Services Committee
Parliament House
George St, Brisbane QLD 4000
Sent via Email: hasc@parliament.qld.gov.au

Dear Leanne,

Patient Ratio's: MMPOA submission

The Midwifery and Maternity Provider Organisation Australia (MMPOA) welcomes the opportunity to provide comment on the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill as a key stakeholder in the maternity care sector.

MMPOA is a registered charity established in May 2015 through a philanthropic donation from the Australian College of Midwives Queensland (ACMQ). MMPOA's vision is "*Transforming maternity care: midwifery continuity of care for every woman by 2025*".

Midwifery continuity of care is the nomenclature used for an evidenced-based model of maternity where a childbearing woman has a 'known' midwife who provides care across pregnancy, labour and birth and the early parenting period (6 weeks postpartum). Other terms used interchangeably with "*continuity of midwifery care*" are *caseload care*, *continuity of midwife-led care* and *midwifery group practice (MGP)*. In this submission we use the term 'caseload' care to define the model.

Caseload midwives work with a partner midwife (or two) to provide flexible, tailored support according to a woman's needs. Midwives care for a defined 'caseload' of women within a supported multi-disciplinary team (ie., obstetrician, allied health, general practitioner, health worker, neonatal nurse, neonatologist, physician, dietician, child health). The woman's midwife coordinates her care to ensure the woman has access to seamless consultation and referral as required. Caseload midwives are responsible for organising their own working time and caseload commitments. They are 'on call' for the women in their caseload and as such do not work in a traditional 'shift' based way.

There is compelling Cochrane review evidence that caseload midwifery produces significant benefits for mothers and babies, with no identified adverse effects compared with models of medical-led care and shared care^{1,2}. In addition, caseload

midwifery is cost-effective and women report high rates of satisfaction with care ^{1,2}. MMPOA is committed to the principle of universal access to caseload midwifery.

MMPOA supports and applauds the advent and implementation of the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill which aims to provide increased levels of patient safety through improved nursing workloads in the acute medical and surgical nursing sector. Certainly the nursing evidence strongly supports such a stance.

However, MMPOA, has concerns that the introduction of 'Midwife-to-Patient' ratios may hinder a health agency's ability to reorganise the workforce and maternity services to ensure all women have access to a 'known' midwife thus providing quality evidenced based maternity care. In addition, there is limited evidence that midwife-patient ratios improve outcomes for women and newborns. The strong evidence that caseload midwifery care improves patient safety should be recognised alongside these current Queensland Government commitments and this Bill.

MMPOA is keen to ensure that implementation of ratios is trialed in maternity sites with both caseload and shift work midwifery models. Further consultation about the impact of the regulations associated with the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill must ensure there is no negative impact on caseload midwifery care.

MMPOA recognises the significant work done by the Queensland Nurses Union (QNU) around the ratio negotiations and remain committed to working alongside the Queensland Government and the QNU to research and apply the regulations attached to this Bill. However, it is critical to ensure that no disincentive is inadvertently introduced to disrupt the concurrent expansion of caseload models.

References

Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2015). Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database Syst Rev, 9. Accessed:

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Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill. Accessed: <http://www.legislation.qld.gov.au/Bills/55PDF/2015/HospitalHealPatientRaAB15.pdf>

Yours sincerely

Professor Jennifer Gamble
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