

Nurse/ Midwife to Patient Ratios Submission

I am a RN Midwife who has proudly been committed to my career in QHealth, and to the communities in which we serve, since 1983 in a continual employment capacity. I have worked diligently across many disciplines of Nursing and Midwifery, in both the acute and community settings within Q Health.

Presently, I am working in the acute maternity hospital setting. With the last LNP government's savage job cuts to 1,800 plus Nursing and Midwifery positions, we are still recovering from those job losses, and will do so into the future due to the consequences it has had on patient care & community services. The damage that it did to the professions Nursing & Midwifery, and health care provisions of services to the communities in which serve, will be over time repaired with the current government initiatives for Nursing/Midwifery. However, priority to introduce Midwife to patient in Maternity services is critical. Maternity / Midwifery is a High Risk discipline and workplace environment.

Across the disciplines of Nursing and Midwifery, we are continually have more paper work introduced for the purposes of organisational Risk Mitigation, the patients are becoming more and more complex with both health and social determinants, as well as socioeconomic disadvantage, so that in our day to day working environment, we prioritise our workloads, and are very aware of that these workloads jeopardise and put patient safety at risk. As Nurses and Midwives, we know we cannot look after and do what is required for every patient, because we have too many patients to care for, so we do the very best we can, to keep the patients and the systems safe. Even The patients and their families realise and acknowledge this fact.

In maternity, where I work it is high risk, and increasingly acuity is escalating, with increasing workloads due to substantial increases for example in Gestational Diabetes, which then requires monitoring, interventions, patient education. Maternity by the nature of its work is complex and high risk. Immediate attention to and implementation of Ratios to Maternity should be an absolute priority for patient care provisions, patient safety, and the ability to provide health information to the mother and family to as an example increase breast feeding rates, which is a social determinant for health and reducing health expenditure into the future generations.

Presently, on a morning shift a Midwife is allocated

- Morning Shift : 1 Midwife allocated to care for 5 women and their babies, which equates to a ratio of 1 Midwife to 10 patients per Midwife
- Evening shift: 1 Midwife allocated to care for 6-7 women and their babies, which equates to a ratio of 1 Midwife to 12-14 patients per Midwife

- Night Duty: 1 Midwife to 7-10 women and their babies, which equates to 14-20 patients per Midwife

Yours Sincerely

Post Graduate Bachelor of Nursing

Post Graduate Grad Dip of Midwifery