



## Midwifery staffing for care of the newborn

All newborns born in hospital or admitted to hospital within the first nine days after birth are admitted patients.<sup>1</sup> The newborn is considered by law separately from the mother, a classification defined in private insurance and Medicare funding. The qualification status of a newborn determines whether a newborn episode of care receives funding. A qualified newborn must meet one of the following criteria:

- is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient,
- is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the purpose of the provision of special care,
- is admitted to, or remains in hospital without its mother.<sup>2</sup>

Newborns who do not meet inclusion criteria do not qualify for funding. This means that when a woman remains in hospital following birth, and her newborn does not meet inclusion criteria, the newborn does not qualify for funding.

The assumptions underpinning the funding allocation suggest that the needs of the unqualified newborn can be met by the postnatal mother and that only qualified newborns require the additional care of a midwife. Midwives caring for post-partum women along with their newborn, are officially allocated one person but are responsible and caring for two.<sup>3 4</sup>

Despite a growing body of evidence demonstrating the impact of midwifery workloads on the outcomes for women and their newborns,<sup>5</sup> the issue of caring for unqualified newborns has not been included in midwifery resource management. This has contributed to higher midwifery workloads.

### **It is the position of the Australian Nursing and Midwifery Federation that:**

1. All newborns and their mothers require midwifery care.
2. All newborns are admitted patients and should be recognised as a patient in their own right requiring care separate to that of the mother.
3. Maternity services must be staffed with appropriate levels of midwifery staffing to ensure that midwives can provide safe midwifery care to meet the needs of women and their newborns (qualified or unqualified).
4. Maternity services are understaffed and do not have the staffing resources to manage the complexities in newborn care thereby placing women, newborns and staff at risk.
5. Newborns with complex needs that are managed within postnatal wards should qualify for funding and increased midwifery staffing.
6. The classification of newborns and the calculation of workloads in maternity services must be reviewed.



## ANMF Position Statement

### References

1. Australian Institute of Health and Welfare (2018) Newborn Qualification Status <https://meteor.aihw.gov.au/content/index.phtml/itemId/327254>
2. Ibid
3. Australian Institute of Health and Welfare (2018) *Australia's mothers and babies 2016 - in brief* Australian Institute of Health and Welfare, Canberra
4. Ashcroft B, Elstein M, Boreham N and Holm S (2003) Prospective semistructured observational study to identify risk attributable to staff deployment, training and updating opportunities for midwives *British Midwifery Journal* 32(7):. 584a-586A
5. Sandall J, Homer C, Sadler E, Rudisill C, Bourgeault I, Bewley S, Nelson P, Cowie I, Cooper C and Curry N (2011) *Staffing in Maternity Units: Getting the right people in the right place at the right time* The Kings Fund, London