

## **SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES**

**Organisation:** NSW Nurses and Midwives' Association  
**Name:** Mr Brett Holmes  
**Position:** General Secretary  
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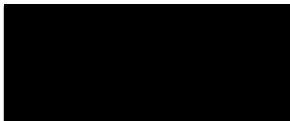
Dear Sir/Madam

**RE: Inquiry into support for new parents and babies in New South Wales**

Please find enclosed a response on behalf of the NSW Nurses and Midwives' Association in relation to the above named consultation.

We look forward with interest to the outcome.

Yours sincerely



**BRETT HOLMES**  
General Secretary  
NSW Nurses and Midwives' Association

Submission by the New South Wales Nurses and Midwives'  
Association

Inquiry into support for new parents and babies in New South  
Wales

December 2017

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes assistants in nursing and assistants in midwifery (who are unregulated), enrolled nurses, registered nurses and midwives at all levels including management and education.

The NSWNMA has over 63,000 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and aged care services.

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We welcome the opportunity to make this submission to the NSW Legislative Assembly Committee on Community Services Inquiry into support for new parents and babies in New South Wales.

We wish to acknowledge the contributions made by our members in preparing our comments. This submission is authorised by the elected officers of the New South Wales Nurses and Midwives' Association.

#### Contact details

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## Terms of Reference

“That the Committee on Community Services inquire into and report on support for new parents and babies in New South Wales, including:

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.
  2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.
  3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.
  4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.
  5. Opportunities for new and emerging technology to enhance support for new parents and babies.
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6. Any other related matters.”

The NSWNMA has chosen to focus on Terms of Reference 6. The NSWNMA also supports the NSW Council of Social Service (NCOSS) submission to this inquiry.



## 6. Any other related matters

All women should have access to evidenced-based, woman-centred midwifery care. Midwives practice in diverse settings including, in antenatal clinics, birthing units, postnatal and neonatal units in public and private hospitals as well as continuity of care and shared care models. Midwives also work in the community, in the home and in private practice.

“The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”<sup>1</sup>

It is essential that women are able to access midwifery models of care during pregnancy, birth and the postnatal period.

It is the policy of the Australian Nursing and Midwifery Federation that except in cases of emergency, ‘nurses who are not midwives may only provide maternity care, delegated to them in accordance with their State/Territory legislative requirement,

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<sup>1</sup> International Confederation of Midwives 2017 *International Definition of the Midwife*. Available at [https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ENG%20Definition\\_of\\_the\\_Midwife%202017.pdf](https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ENG%20Definition_of_the_Midwife%202017.pdf)

4 NSW NMA Submission December 2017

Inquiry into support for new parents and babies in New South Wales

and under a care plan developed by a midwife responsible for the individual woman's care.<sup>2</sup>

We are concerned that there are significant shortages of midwives in many hospitals across NSW. We have raised this issue previously with the NSW Minister for Health. For example we are aware that the Maternity Unit at Westmead Hospital currently carries 47 Full Time Equivalent (FTE) temporary and permanent vacancies and requests to fill vacancies over the first part of the 2017/2018 financial year has been deliberately delayed as a budget strategy. The end result is that women and their babies are not receiving the care and support they require and it has the potential to negatively impact and disadvantage women and babies. There are also significant midwifery shortages at Royal North Shore Hospital (13 FTE), Blacktown Hospital (10.43 FTE temporary and permanent midwifery vacancies), Wollongong Hospital (at least 10.9 FTE temporary and permanent midwifery vacancies). We are aware that Wollongong Hospital also has 2 Clinical Midwifery Educator FTE vacancies.

Midwifery vacancies exist at many other public and private hospitals across NSW. If we have significant and long term midwifery shortages then a substantial number of women and babies across a very wide geographical area in NSW are at risk of disadvantage. We would welcome the opportunity to provide further information about this significant problem to the Legislative Assembly.

Our members are alarmed that due to these midwifery staffing shortages, staff who are not midwives are working in maternity units. Therefore, women and their babies are not receiving appropriate, safe care. In a 2017 survey of our members 86% of respondents who work in maternity units stated that Registered Nurses (RN), Enrolled Nurses (EN) and or Assistants in Nursing (AiN) work in their units. Our members spoke of their frustration and of their concerns regarding poor skill mix.

*"We are short of midwives and the numbers are supplemented with RN's and EN's"*

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<sup>2</sup> Australian Nursing & Midwifery Federation 2015 *Midwifery*. Available at [http://anmf.org.au/documents/policies/P\\_Midwifery.pdf](http://anmf.org.au/documents/policies/P_Midwifery.pdf)

*"Our maternity unit is always using unqualified nursing staff to 'make up the numbers'. The midwives that work on the unit are stressed, burnt out".*

*"There's a constant staffing issue by replacing crucial midwifery staff with random and sometimes casual RN's from the casual pool to 'fill in the numbers'".*

Again, using the example of Westmead Hospital, we are aware that there is often the need to send experienced midwives from the Postnatal Unit to the Birth Unit. These vacancies are often backfilled with unregistered staff or not filled at all. We are concerned due to this, women are missing out on crucial midwifery support, including breastfeeding support, during this time.

Members in the survey spoke of their frustration that due to staffing issues, they are not able to provide the care they want to and women and babies are not receiving appropriate midwifery care.

*"Women do not get the care they need"*

*"Women not getting good care and we have poor breast feeding rates as women are not supported"*

*"Every day we are short staffed. Women are sent home early (within 48 hours) which puts pressure on the midwifery in the home midwives as there can be so many women to see in the community so they take staff from the ward to do home visits! It's like a round robin of taking from Peter to give to Paul so that no one is ever truly adequately staffed"*

*"Midwives are frequently moved to labour ward when labour ward is understaffed. Postnatal and the nursery staff are not be replaced with midwives, but rather with RNs, ENs and AIMS. This makes it extremely difficult to provide continuity of care to the patients".*



#### Recommendation 1

**Maternity units must be adequately staffed with midwives so that women receive appropriate, evidence-based midwifery care.**

The World Health Organisation recommends that babies are exclusively breastfed for the first six months of life<sup>3</sup>. The effectiveness of breastfeeding support for is examined in a Cochrane review<sup>4</sup>. The Review concludes that when women receive organised, breastfeeding support, the duration of breastfeeding is increased. Effective support includes support provided by trained health professionals such as midwives, nurses and doctors.

#### Recommendation 2

**Appropriately skilled nurses and midwives must be available and accessible so that women can access breastfeeding support in the postnatal period and in the community following discharge.**

It is essential that all current and future services that support new parents and babies are appropriately staffed with a qualified workforce. Our members have expressed concern that despite population growth and increasing demands placed on nurses and midwives in existing services, staffing levels have not increased to meet this need. As discussed above, inadequate staffing and the use of unqualified staff to fill vacancies will negatively impact on the care and support new parents and babies receive.

#### Recommendation 3

**All new services and reviews of current services must include a workforce strategy.**

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<sup>3</sup> World Health Organization *Breastfeeding*. Available at [http://www.who.int/maternal\\_child\\_adolescent/topics/newborn/nutrition/breastfeeding/en/](http://www.who.int/maternal_child_adolescent/topics/newborn/nutrition/breastfeeding/en/)

<sup>4</sup> McFadden A, Gavine A, Renfrew M, Wade A, Buchanan P, Taylor JL, Veitch E, Rennie A, Crowther SA, Neiman S, MacGillivray S. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub5

## Conclusion

Thank you for the opportunity to provide comments in response to the inquiry into support for new parents and babies in New South Wales. All new parents and babies in New South Wales, regardless of where they live, must be able to access evidence-based care that is provided by appropriately qualified staff. Nurses and midwives are uniquely placed to provide care at this important time in a family's life. It is essential that all services, particularly those that provide support to new parents and babies, are staffed appropriately. We have real concerns that there are significant midwifery staffing shortages across NSW. Our members have expressed alarm that due to these midwifery staffing shortages, women are being disadvantaged.

The NSWNMA recommends that

1. Maternity units must be adequately staffed with midwives so that women receive appropriate, evidence-based midwifery care.
2. Appropriately skilled nurses and midwives must be available and accessible so that women can access breastfeeding support in the postnatal period and in the community following discharge.
3. All new services and reviews of current services must include a workforce strategy.

We look forward with interest to the outcome of this Inquiry and welcome the opportunity to provide further information to the Legislative Assembly if required.