

Implementing midwife-to-patient ratios for postnatal maternity wards

Consultation Paper
June 2024



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Purpose

The purpose of this consultation paper is to seek stakeholder feedback on proposed amendments to the *Hospital and Health Boards Regulation 2023* to implement a minimum midwife-to-patient ratio for postnatal patients in specified postnatal maternity wards.

The consultation paper is for **consultation purposes only** and does not represent Queensland Government policy.

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the Explanatory Notes.

Please provide any feedback on the proposed amendments by email to legislationconsultation@health.qld.gov.au by **5pm, Monday 1 July 2024**.

If you have any questions or require further information, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

Background

Minimum nurse-to-patient and midwife-to-patient ratios framework

The *Hospital and Health Boards Act 2011* provides a framework for applying minimum nurse-to-patient and midwife-to-patient ratios to Queensland public health facilities (sections 138A to 138F), with the detail of the ratios contained in the Hospital and Health Boards Regulation.

Part 7 of the Hospital and Health Boards Regulation prescribes the ratios for particular facilities and shifts. The facilities that must comply with the ratios are set out in schedule 5 of the Regulation.

Current settings

From 1 July 2016, nurse-to-patient ratios were applied to certain medical and surgical wards. In November 2019, ratios were expanded to certain acute mental health wards and in February 2020 ratios were introduced in Queensland Health's public residential aged care facilities.

Midwife-to-patient ratio trial

In 2020, the Queensland Government committed to exploring potential models for expanding ratios to places experiencing high workload demand including postnatal inpatient maternity wards.

In 2023, a six-month trial of a minimum midwife-to-patient ratio was undertaken in a Clinical Service Capability Framework (CSCF) level 6 postnatal maternity ward. CSCF levels range from level 1 to level 6 based on the complexity of care, with level 6 being the highest level of complex care.

The University of Queensland conducted an independent evaluation of the trial. The independent evaluation found a midwife-to-patient ratio of 1:6 for postnatal patients, with babies counted as separate patients, provides benefits to women, babies and staff. There were significant statistical differences in pre-implementation and post-implementation outcomes related to time spent in a special care nursery and the number of patient incidents.

As the midwife-to-patient ratio trial was limited to a single CSCF level 6 facility, the outcomes of the ratio trial evaluation are not generalisable across all CSCF levels.

Preliminary amendments

On 18 March 2023, the *Health and Other Legislation Amendment Act 2024* received assent, amending the Hospital and Health Boards Act to clarify that, for the purposes of nurse-to-patient and midwife-to-patient ratios, a newborn baby should be counted as a separate patient when they are staying in a room on a maternity ward with their birthing parent.

These amendments laid the groundwork for implementing minimum midwife-to-patient ratios on postnatal maternity wards and ensure babies are counted separately when calculating the 1:6 ratio.

Description of proposed amendments

Policy objectives

Based on the findings of the midwife-to-patient trial, it is proposed to apply a minimum midwife-to-patient ratio of 1:6 to Clinical Services Capability Framework (CSCF) level 5 and 6 postnatal maternity wards. CSCF level 5 and 6 facilities will derive the greatest benefit from the implementation of a midwife-to-patient ratio, as these facilities are experiencing an increase in the complexity of care being provided in postnatal maternity wards.

Staged implementation

The ratio will be rolled out using a staged implementation approach over a four-year period from 1 September 2024 to 1 July 2028. This is to allow sufficient time to recruit the necessary midwifery workforce, to maintain sustainability of services and patient safety and quality, and to minimise workforce movement from rural and regional to metropolitan facilities.

The availability of a qualified midwifery workforce is expected to be an ongoing challenge. By staggering implementation over four years this will enable Queensland Health to collaborate with university partners to ensure appropriate entry level requirements into midwifery courses and to develop innovative strategies to build the required midwifery workforce pipeline.

As a result of the introduction of the minimum midwife-to-patient ratios in the larger CSCF level 5 and 6 hospitals there is a risk of unintended labour flows between rural and regional Queensland where the majority of CSCF level 3 and 4 facilities are located to metropolitan areas where the larger CSCF level 5 and 6 facilities are located. However, staggering implementation over four years will help manage this risk.

Legislative amendments

Amendments to the Hospital and Health Boards Regulation are required to prescribe the minimum midwife-to-patient ratio for maternity wards and the facilities the ratio will apply to, in accordance with section 138B of the Hospital and Health Boards Act.

Part 7 and schedule 5 of the Hospital and Health Boards Regulation will be amended to prescribe the minimum midwife-to-patient ratio of 1:6 for postnatal patients in postnatal maternity wards for all CSCF level 5 and 6 facilities. The same ratio will apply to all shifts, day or night.

It is proposed the amendments will commence on 1 September 2024, to allow implementation activities including recruitment to commence from that date.

Staggered compliance dates

To achieve the intended four-year staged approach to implementation, there will be different compliance start dates for CSCF level 5 and 6 facilities from 1 September 2025 to 1 July 2028, as outlined below.

- 1 September 2025
 - Royal Brisbane and Women's Hospital

- Townsville University Hospital
- 1 September 2026
 - Cairns Hospital
 - Gold Coast University Hospital
- 1 July 2027
 - Sunshine Coast University Hospital
- 1 July 2028
 - Logan Hospital

Note: the above are proposed dates only and are subject to further consultation and Government approval. The dates for each facility correlate to the expected level of additional recruitment required to meet the ratio.

Rounding

The existing provisions in the Hospital and Health Boards Regulation about rounding of the minimum number of nurses or midwives in calculating ratios will be retained and will apply to the midwife-to-patient ratio of 1:6 in the same way as existing rounding rules apply. If the number of midwives calculated in accordance with the ratio is less than 1, the number is taken to be 1. If the number calculated is not a whole number, the number must be rounded to the nearest whole number (rounding one-half downwards).

Examples—

In a postnatal maternity ward with 11 postnatal patients, the number of midwives worked out under the ratio is 1.85, so the minimum number of midwives required is 2.

In a postnatal maternity ward with 9 postnatal patients, the number of midwives worked out under the ratio is 1.5, so the minimum number of midwives required is 1.

Benefits of proposed amendments

The independent evaluation conducted by the University of Queensland determined the following noticeable impacts and benefits of the midwife-to-patient ratio of 1:6 during the trial:

- Midwives working to optimal scope of practice in postnatal care
- Improved workplace culture
- Reduced admission of newborn to special care nursery
- Reduced average newborn length of stay in special care nursery
- Positive cost benefit ratio of additional midwives.