HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Staff Allocation Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose of the policy

The purpose of this policy is to ensure safe staffing and skill mix on the maternity unit and to provide a supportive environment for junior / new staff to work in.

Scope

All HVDHB midwives, registered and enrolled nurses assigned to work on the maternity unit.

Allocation of staff

The maternity unit (birthing suite and postnatal ward) is staffed 24 hours per day and is covered by three shifts of eight and a half hours duration (a half hour unpaid meal break is included in the shift). Staff are allocated to work in either the birthing suite or postnatal ward (and theatre when attending to a woman having a caesarean section).

AM shift: 0645 – 1515: 6 staff (with a minimum of 3 midwives)

PM shift: 1445 – 2315: 5 staff (with a minimum of 3 midwives)

Night shift: 2245 – 0715: 5 staff (with a minimum of 3 midwives)

- During the AM shift weekdays, the ACMM of birthing suite and postnatal are the 'go to midwives'.
- During the PM, night and weekend shifts, the 'go to midwife' will be the most senior midwives allocated to the birthing suite and postnatal ward. They will be highlighted on the daily staffing roster.

The maternity assessment unit (MAU) is covered by 3 staff (2 midwives and 1 registered nurse). Hours are from 0730am – 1600, Monday – Friday.

The 'go to midwife'

The go to midwife

- Ensures the co-ordination and allocation of staffing and workload is adequate and safe
- Ensures the daily checklists have been completed
- Ensures faulty equipment has been reported
- Acts as a resource for other staff and LMCs

Allocation to the birthing suite

- Attempts will be made to roster a senior and junior midwife to the birthing suite during the AM, PM and night shifts.
- At any time, midwives may be called to cover birthing suite from the postnatal ward during busy times.
- If two midwives are not required in the birthing suite during the AM,PM or night shifts, the second midwife may be called to help out on the postnatal ward to assist staff where needed.
- This midwife will not take a caseload on the postnatal ward as she may be called back to the birthing suite at any stage.

Allocation to the postnatal ward

- The postnatal ward will be staffed with midwives and enrolled nurses (and registered nurses from the casual pool when required).
- Higher risk women and all antenatal women are to be allocated to midwives.
- Registered and enrolled nurses are to work within their scope of practice. If a woman/baby in their care deteriorates, to ensure the 'go to midwife' is aware of the situation.
- The care of the woman / baby may need to be transferred to a midwife.

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Maternity contingency plan

level	status	action	responsibility
minor	Insufficient staff to safely manage the care of inpatients • Full ward (17 beds); full d/s (8 beds) with less than budgeted FTE on duty or • high acuity requiring more than budgeted FTE • inadequate skill mix	• Inform CMM/ACMM/Shift coordinator and AHM • Follow staffing flowchart (see attached) • Locate staff numbers (updated monthly) • Open 4 overflow beds (room 16 and 3 bed spaces postnatal day room)	Senior midwife on duty in delivery suite in conjunction with senior midwife/nurse in postnatal
moderate	Insufficient staff to safely manage ward load; unable to replace/enhance staff	• Prioritise cares i.e. Intrapartum and emergency care takes precedence over routine postnatal care • Consider team/task care • Ask staff that do not normally have clinical load provide care • Consider using Maternity Assessment Unit staff/resources. • Liaise with medical staff to postpone IOL/ ELCS • Postpone commencing syntocinon augmentation, if able, until staffing safe • Ask medical staff/LMCs to reassess for discharges • Consider cancelling study days • Complete event form	CMM ACMM Senior midwife on duty
major	Major ongoing gaps in roster due to major staffing crisis/pandemic etc.	• Inform CMM/AHM/Service Manager/CHOD • Actions as moderate level including: • cancellation of study days • early discharge for NVB/well women & babies • communication with LMC/women & whānau/community • Ask for assistance from LMC workforce	CMM ACMM AHM Service manager CHOD
severe	Acute situation with enormous impact e.g. severe earthquake	• **At work:** ensure own safety/ Inform CMM/ Refer to emergency management folder/ actions as major level • **At home:** ensure own and families safety/ ring into work if able to help over and above usual shifts	CMM/ACMM/ senior midwife/AHM/Service manager/CHOD Emergency management coordinator

Maternity safe staffing flowchart

The basic staffing construct is **6** on am shift, **5** on pm shift and **5** on night shift (**3** staff **must** be **midwives** and care must be taken to have appropriate experience balance).