Safe Midwifery Staffing Policy

1. Purpose

The peaks and troughs of maternity midwifery service demands make midwifery staffing needs difficult to predict due to:

- estimation of due dates of birth
- the nature, complexity and durations of pregnancy
- unpredictable spontaneous onset and duration of labour
- need for one-to-one support during labour / birth
- combined outpatient and inpatient midwifery models of care in country maternity services

This, in turn, makes it difficult to ensure the midwifery workforce is flexible enough to be able respond to those unpredictable peaks and troughs in activity and meet care requirements.

This policy sets out the systematic process to enable determination of the minimum safe midwifery staffing establishment required to maintain continuity of maternity services in all required settings. This incorporates antenatal, intrapartum, postnatal and neonatal midwifery care including care provided in the home, community, outpatient clinic, and inpatient maternity hospitals.

This policy applies to WA Country Health Service (WACHS) maternity services and provides evidence-based guidance for maternity managers, after hours managers and shift coordinators to ensure safe midwifery staffing levels.

2. Policy

2.1 Principles

Safe midwifery workload management is determined by local activity data/trends and must be:

- considered in the context of future workforce planning
- transparent to midwives, managers and executives and consistently applied
- requires local accountability

Maternal and newborn services require the capacity to provide the following in accordance with their clinical service framework capability:

- antenatal, intrapartum* and postnatal midwifery care up to six completed weeks
- qualified newborn midwifery / nursing care as needed
- appropriately experienced midwives and/ or neonatal nurses to meet the demands and required skill mix 24/7
- one to one midwifery care for women:
  - in active phase of established labour (5cm or more dilated)
  - who are contracting regularly and/ or who require midwifery support
  - with an epidural intrapartum
  - with Oxytocin infusion

  - requiring continuous cardio-tocograph (CTG) monitoring
  - for at least the first two hours after the birth
  - unwell newborns awaiting transfer
  - for the management of a stillbirth
- a second registered health professional with appropriate competence and confidence in neonatal resuscitation in attendance at every birth
- other locally agreed staffing ratios as required i.e. for planned outpatient clinics (antenatal, postnatal, bookings), early discharge home visiting, newborn hearing screening, unplanned presentations and admissions, transfers and increased surge
- to meet all locally agreed midwifery roles required for the service i.e. midwifery manager, clinical midwifery specialist, staff development midwife
- full time equivalent (FTE) uplift allowance for paid leave of 20% (includes annual, long service, maternity and personal). For regions with additional annual leave allowances this should be added to the usual 20% uplift
- time for supervision of students, graduates and orientation of new staff
- flexibility to respond to service demand fluctuations, which may include on-call or flexitime, casual roster with no booked shifts or maintain a list of part timers willing to increase hours
- time for mandated / monitored education requirements, professional development leave, mentoring, preceptorship and clinical audit responsibilities.

2.2 Safe and Sustainable FTE Target

WACHS has developed a methodology to calculate the required minimum midwifery FTE per site using occupancy review of Nursing Hours per Patient Day (NHpPD) and all outpatient occasions of service as outlined in the Nursing and Midwifery Safe and Sustainable Staffing Dashboards (N&M S&S Staffing Dashboard) - EFT trial - Power BI (the dashboard).

The dashboard provides overview of all maternity services based on activity and the models of care provided at each site. These may vary and include:

- antenatal clinics and occasion of services (OOS)
- a two (2) hour booking visit per woman
- antenatal education classes
- number and complexity of births
- inpatient length of stay – maternal and newborn
- postnatal home visits daily for minimum of five days plus midwife travel time
- newborn hearing screening
- shared care for women birthing elsewhere
- loading for complexity of care / risk profiles
- unplanned and emergency presentations
- non-direct care roles i.e. manager, staff development etc
- leave loading

2.3 Process for managing safe midwifery staffing levels

Maternity shift coordinators are to ensure:

- Capture the Safe Midwifery Staffing Red Flag Events by the end of their shift each day, using the Midwifery shift coordinator red flag events data collection tool (see Appendix A)

- monitor Safe Midwifery Staffing throughout each shift and escalate as required following the Midwifery Staffing Escalation plan for **Black**, **Red**, **Amber** or **Green**, status (see Appendix B)

3. Roles and Responsibilities

The **Executive Director of Nursing and Midwifery** is responsible for ensuring an appropriate and robust workload planning and monitoring system for quality midwifery care provision 24/7 at each maternity site including community based services.

The **Director of Nursing and Midwifery Workforce** is responsible for determining and monitoring the safe and sustainable midwifery FTE targets for sites

The **Coordinator of Midwifery** is responsible for determining and monitoring the Midwifery Red Flag events dashboard.

Senior Hospital Operational Leadership is responsible for:
- ensuring each site implements the Safe Midwifery Staffing policy and escalation plan to capture service demand variations (see Appendix B)
- reviewing the safe midwifery staffing establishment every six months including:
  - the service demand data for pregnancy bookings, OOS, inpatient separations and care needs
  - the number of Midwifery Red Flag Data Collection Midwifery shift coordinator red flag events (Appendix A)

Maternity Managers are responsible for:
- implement, monitoring and evaluating Safe the Midwifery Staffing establishment levels monthly using the N&M S&S Staffing Dashboard - EFT trial - Power BI
- tracking daily midwifery red flag events are collected by shift coordinators
- reporting Safe Midwifery Staffing Indicators six monthly Midwifery and Maternity Activity - Power BI (see Section 2.4) to hospital operational leadership
- reviewing the skill mix required for the maternity service and delegate tasks that do not require a midwife where appropriate to do

After Hours Managers are responsible for:
- receiving regular maternity ward handover during each shift
- following the local Safe Midwifery Staffing Escalation plan when notified by the Shift Coordinator of **Black, Red, Amber** or **Green** status.

Maternity Ward Shift Coordinators are responsible for:
- recording Midwifery Red Flag Events each shift in the WACHS Midwifery shift coordinator red flag events
- holding regular shift staff huddles to update the journey board and monitor workload actioning the local Safe Midwifery Staffing Escalation plan when status becomes **Black, Red** or **Amber** status.

Midwives are responsible for notifying the shift coordinator of any Midwifery Red Flag Events.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for

WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

It is a requirement for shift coordinators /maternity managers to ensure minimum 80% compliance with Midwifery Red Flags shift data reporting to ensure reliability for workforce planning, monitoring and evaluation.

Monitoring and evaluation of Safe Midwifery Staffing data is to be carried out based on the results of investigations into Midwifery Red Flag events by the maternity managers and escalated to local operational leaders for action as required.

The WACHS Midwifery Advisory Forum will meet bi-monthly to oversight data. Trends of concerns will be escalated by the Coordinator of Midwifery to the Executive Director of Nursing and Midwifery.

This policy will be reviewed annually to monitor for currency and effectiveness.

5. References

National Institute for Health and Care Excellence (NICE). (2015). Safe midwifery staffing for maternity settings guideline. [Internet]. Accessed 29/07/2025. Available from: https://www.nice.org.uk/guidance/ng4

6. Definitions

Term	Definition
Midwifery Red flag event	A midwifery red flag event is an event that requires urgent escalation to shift coordinator – see Appendix A

7. Document Summary

Coverage	WACHS-wide
Audience	Midwives, Maternity Managers, After Hours Nurse Managers, Hospital Executives, Regional Nursing & Midwifery Directors
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	• Maternal and Newborn Care Capability Framework Policy
Other Related Documents	• Midwifery shift coordinator red flag events • Midwifery and Maternity Activity - Power BI • N&M S&S Staffing Dashboard - EFT trial - Power BI
Related Forms	Nil
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4780
National Safety and Quality Health Service (NSQHS) Standards	1.03, 1.08b, 1.10b, 6.01a, 6.02
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	26 August 2026	26 August 2026	Formal Review. Key changes include: • creation and implementation of dashboard resources to reflect S&S levels related to activity and models of care used in each site. • Addition of new REDcap tool links • removed in text references to NHS policy • minor grammatical corrections.

9. Approval

Policy Owner	Executive Director Nursing and Midwifery Services
Co-approver	Executive Director Clinical Excellence Chief Operating Officer
Contact	WACHS Coordinator of Midwifery
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-20-77607

This document can be made available in alternative formats on request.

Appendix A: Shift Coordinator Midwifery Staffing Red Flag Events

Red Flags events should be recorded by the Maternity shift coordinator each shift via the Midwifery Shift Coordinator Red Flag Events reporting form and reviewed daily by the Maternity Manager.

Red Flags events are captured to track trends and inform safe, sustainable midwifery staffing levels for your sites and include workforce planning and budgets.

Midwifery Red Flag Events include:

- unable to provide midwifery/nursing care according to your NHpPD [*insert value here*]:
  - [*insert value here*] antenatal /postnatal women
  - [*insert value here*] SCN babies
  - one to one in active labour/epidural/oxytocin/CTG/for 2 hours post birth
  - more than five home visits for visiting midwifery service
- unplanned leave where workload required replacement but unable to replace
- no midwife available causing delay/postponed Elective LUSCS or induction
- delay of 30 minutes or more between unplanned presentation and midwifery assessment
- delay of 2/24 or more from admission to start of induction of labour
- delayed recognising and responding to acute deterioration (RRAD)
- midwife notifiable events to shift coordinator due to inadequate time:
  - missed or delayed medications including pain relief
  - delayed full clinical examination
  - delay in commencing oxytocin infusion
  - delayed response to patient call bells (15 minutes or more)
  - delayed response to staff assist or code blue calls (3 minutes or more)
  - delayed transfers in
  - delayed transfers or discharge out
- inadequate staffing skill mix (i.e. no staff available for Special Care Nursery)
- midwife or neonatal nurse overtime required by one hour or more
- number of hours of approved overtime
- number of meal breaks delayed or unable to be taken
- percentage of casual or agency on shift.

Appendix B: WACHS Safe Midwifery Staffing BRAG Status and Escalation Plan

GREEN - 85% (or less) of beds occupied with capacity for unplanned activity and adequate midwifery / SCN staffing for NHpPD and outpatient services.

Routine coordination of activity to include:
• Shift coordinator to:
  ○ attend regular staff huddles to assess activity / changes
  ○ maintain up to date journey board with predicted date of discharge / transfer
  ○ Identify mothers/babies fit for discharge
  ○ ensure medical and midwifery discharge completion by 1000
  ○ communicate regularly with Maternity or After-Hours Manager to escalate red flags or change in Safe Staffing Status as they occur and staffing needs for next shift.
Midwives ensure electronic records are updated each shift to ensure timely discharge/transfer.

AMBER - Beds at 95% capacity with no planned discharges, staffing adequate but no capacity for unplanned activity, OR beds available but inadequate staffing (NHpPD + outpatient needs) and no capacity for planned/unplanned activity.

Shift coordinator:
• Assess journey board 2 hourly and escalate red flags/staffing status to the Maternity Manager or After Hours Manager
• Provide safe care for unplanned presentations
• Follow-up diagnostic results for those pending discharge / transfer
 	
Maternity manager (in hours) or After-Hours Manager (not shift coordinator):
• Identify with medical staff those suitable for discharge or safe transfer to another ward or site (including mum of SCN baby)
• Identify, with obstetric doctor, planned activity that can be postponed (i.e. inductions, ELUSCS, transfers in)
• Arrange adequate midwifery and/or nursing staffing for activity demand by:
  ○ SMS to casual/ part time staff
  ○ Deploy available staff from other maternity positions (i.e. Staff Development Midwife, staff on in-service or mandatory training, midwives on other wards, or paediatric staff for SCN or Visiting Midwifery Service)
  ○ Buddy RNs from other areas to work with a midwife in postnatal or SCN
  ○ Approve overtime
• Secure staff to be on call for unplanned activity if needed.

RED – Beds at 95 – 98% capacity with inadequate staffing and green/amber actions exhausted.

Maternity manager (in hours) or After-Hours Manager to (not shift coordinator):
• Immediate and hourly handover with shift coordinator to determine status & further actions
• Implement additional staffing actions to amber above:
  ○ In hours maternity manager to work clinically or coordinate
  ○ Postpone routine clinic appts to utilise midwifery staff on ward
  ○ Recall staff on RDO to attend ward
  ○ Contact other local hospital to deploy staff
  ○ Contact local maternity hospitals to divert transfer if needed (after escalation to Exec only)
• Brief the DoNM or Operations Manager (in hours) or Exec on Call (Out of hours)
• Consider use of hospital area for discharge lounge to free up maternity beds
• Review planned admissions to ward in next 12-24 hours for postponement
• Identify suitable private patients for transfer to private hospital (if nearby)

BLACK - Beds at 100% capacity and all options above exhausted.
Maternity Manager or After-Hours Manager: • Convene hospital executive crisis meeting to determine next steps • Issue sit-rep to key stakeholders.