

Ref. No:	1505
Date:	29/01/25
Subject:	Antenatal and Postnatal wards.

REQUEST & RESPONSE

1. Staffing Models: What are your current staffing models for your Antenatal and postnatal wards? Number of Midwives, nurses, maternity care assistants (separated into Band 2/3/4) and the ratio of staff to the number of beds.

Whiston site

Ward 2E is the joint antenatal and postnatal ward. The staffing model on ward 2E is day shift 5 midwives, 1x healthcare assistant and 3 x maternity support workers. The staffing model for a night shift is 5 midwives, 2x healthcare assistants and 2x maternity support workers.

The ward contains 37 beds which can be flexed dependent on occupancy but primarily is 20 postnatal beds and 17 antenatal beds.

This staffing model is funded to ensure on the antenatal side ratio of staff to beds is 2xmidwives and 1xhealthcare assistant during the day and 2 midwives and 2 x health care assistants during a night shift to 17 beds.

On the postnatal side on a day shift the funding is for 3xmidwives and 3x maternity support worker of a day 3xmidwives and 2x maternity support workers of a night for 20 beds.

The workforce is flexible across the combined ward as required.

The ward additionally has a midwife based on the ward 7 days per week who undertakes the Newborn and infant Physical examination (NIPE)

Ormskirk site

The maternity ward is a mixed postnatal and antenatal ward with 21 bed spaces.

The staffing model on the ward is 3 midwives (1 x Band 6 Co-ordinator and band 5/6 midwives), 1 x Band 3 maternity support worker and 1 Band 2 health care assistant during the day. There is also a midwife who undertakes the Newborn and infant Physical examination (NIPE) on duty for a day shift.

During the night shift there are 3 midwives (1 x Band 6 Co-ordinator and Band 5/6 midwives) and 1 Band 3 maternity support worker and 1 band 2 health care assistant.

On a full ward, ratio of Midwives to patients would be 1:7.

The neonatal unit provide 1 nurse 24/7 to provide support for transitional care babies.

2. Minimum Safe Staffing Levels and Ratios: Do you have minimum safe staffing levels and ratios established within your maternity wards? Do you have a minimum registered nursing staff to patient ratio on adult wards? If so what is this? Does this include babies within this figure or just women/birthing people?

This response relates only to the maternity wards.

Whiston Site

The staffing for the ward is as identified in the question above.

The ward has 37 beds in total and has a minimum of 5 midwives per shift allocated for ward specific duties accompanied by 3 maternity support workers of a day and 2 of a night and health care assistants.

There are 20 allocated postnatal beds. This is flexible and adapted based on activity. The ratio of midwives to women is 1:7 which excludes the care provided by the maternity support workers.

The number of babies will fluctuate on the ward as at times there maybe twins on the ward or mothers may be on the ward whilst their babies are on the neonatal unit.

The maternity service has the required number of staff in accordance with Birthrate plus which is a nationally accredited workforce assessment review.

Ormskirk Maternity Ward

Staffing model for mixed AN/PN Maternity Ward is as identified in the question above.

The maternity service has the required number of staff in accordance with Birthrate plus which is a nationally accredited workforce assessment review.

The maternity ward is a mixed postnatal and antenatal ward with 21 bed spaces. The model on the ward is 3 midwives and 1 maternity support worker per shift. The ratio of midwives to women is 1:7 which excludes the care provided by the maternity support workers.

The number of babies will fluctuate on the ward as at times there maybe twins on the ward or mothers may be on the ward whilst their babies are on the neonatal unit.

3. Inductions of Labour: For commencing and ongoing inductions of labour prior to artificial rupture of membranes, do you have a minimum safe staffing ratio model within your Maternity unit? If so what is this ratio?

Whiston site

On ward 2E there are 17 antenatal beds which are flexible dependent on activity and clinical need. The antenatal beds are not specific only for women undergoing induction of labour. Each day we have induction of labour slots for 4 inpatient inductions of labour and there is the potential for the 4 women from the previous day to still be undergoing the process on the ward. The staffing on the ward is as identified above with initially 2 midwives providing antenatal care which is the minimum safe staffing level. The ward has the flexibility of the ward staff and escalation processes if additional midwives are required due to increased induction of labour activity.

Ormskirk site

The ward has provision for a maximum of 5 IOL's commenced/ongoing and therefore the safe ratio of midwife to IOL could be 1:5. The staffing on the ward is as identified above with 3 midwives available. The shift leader during each shift allocates the patients and usually 1 midwife provides care to the antenatal women. Flexibility of the ward staff can be undertaken alongside escalation processes if additional midwives are required due to increased activity and acuity.

4. Birthrate Plus Monitoring: Are you utilising Birthrate Plus to monitor your staffing levels? If so, can you provide the ward summary weekly reports data from June 2024 to December 31, 2024, regarding your Antenatal and Postnatal wards, including the relevant acuity data and any notes regarding additional steps taken when acuity is low or aspects contributing to lower acuity. If you do not have birthrate plus, how do you calculate your acuity data?

Whiston site

We do not use the Birthrate plus on the antenatal and postnatal wards to monitor staffing levels. The maternity service has a 24 hour maternity blepholder who undertakes a minimum of a six hourly assessment of staffing, activity and acuity. A documentation proforma is completed alongside the use of professional judgement. This facilitates redeployment of staff if indicated and appropriate escalation if required.

Ormskirk site

The Ormskirk site utilise the Birthrate plus acuity app on the antenatal and postnatal ward. The shift co-ordinator completes acuity app 4 times per 24 hrs at 08.00, 14.00, 20.00 & 02.00.

The app is not solely used and professional judgement is utilised to monitor staffing levels, activity and acuity.

The maternity service has a 24 hour maternity bleepholder who undertakes a minimum of a six hourly assessment of staffing, activity and acuity. A documentation proforma is completed alongside the use of professional judgement. This facilitates redeployment of staff if indicated and appropriate escalation if required.

5. Complaints Data: Can you provide the number of formal complaints and concerns made between June 1 and December 31, 2024, specifically related to care in the Antenatal and Postnatal wards?

Whiston site

During the period of 1st June 2024- 31st December 2024 there has been 8 complaints in relation to the antenatal and postnatal ward.

Ormskirk site

During the period of 1st June 2024- 31st December 2024 there have been 4 formal complaints in relation to the antenatal and postnatal ward.

6. Caesarean Birth Rate and Induction of Labour Rate: What was your Caesarean birth rate and induction of labour rate for the period of June 2024 to December 2024?

Whiston site

The caesarean section rate is the total number of caesarean sections which includes elective and emergency CS.

Caesarean birth rate June-December 2024 is 944= 53%

Induction of labour rate June-December 2024 is 657= 38%

Ormskirk site

Caesarean birth rate June-December 2024 is 46%

Induction of labour rate June-December 2024 is 37%

