



Workforce Planning Project - Postnatal Care

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Aim: To ascertain current workload requirements on the public postnatal ward and to make recommendations on how these may best be met.

Background: We have had many conversations over the last few years about the growing needs of women in terms of postnatal support. We also have recognised the pressures on the postnatal wards due to reduced length of stay, increase in clinical needs due to more complicated maternal clinical characteristics, increase in caesarean section rates and more clinical protocols and assessments, which all result in less time for women to be supported in learning the skills of newborn care.

Ethical Issues: Ethical approval was granted by the NMH Research Ethics Committee. Study data is protected in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

Methodology/Methods: This was a cross-sectional study using; 1) an activity analysis on a sample of shifts across the 24/7 calendar (12 shifts were planned); 2) categorisation of women by their needs, using Birthrate Plus validated tools; 3) Focus Group Interviews with 2 groups of midwives and health care assistants (HCA's) to identify factors influencing provision of midwifery care.

Results/findings:

Number of Women on the Ward per day including those who were discharged (IP= Inpatients, D/C = Discharges)

Date (in March 2020)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
No of IP's	15	17	24	25	26	16	18	21	18	18	23	23	31	23	18	19	17	15
Plus No. of D/C's	14	7	9	8	17	19	7	9	13	10	9	10	15	17	14	10	11	10
Total	29	24	33	33	43	35	25	30	31	28	32	33	46	40	32	29	28	25

Profile of Women on the ward between 1st -18th March 2020 as categorised using Birthrate Plus. Cat R= Re-admissions

BR Category	Cat I	Cat II	Cat I11	Cat IV	Cat V	Cat R
	Lowest dependency level: $\geq 37/40$, Labour lasting 8 hours or less; SVD, intact perineum; Apgar ≥ 8 , baby weight $\geq 2.5\text{kg}$; no further treatment or monitoring	Normal outcome, induction of labour or perineal tear or labour exceeding 8 hours	Normal birth following use of an epidural and some well managed elective caesarean sections	More complicated cases affecting mother and/or baby will be in this category, including elective caesarean sections	Mother and/or her baby requiring very high degree of support or intervention including all emergency sections and multiple births	Readmission to the postnatal ward after discharge
% (n=)	4.44% (n=10)	9.77% (n=22)	21.33% (n=48)	46.66% (n=105)	15.55% (n=35)	2.22% (n=5)

Focus Group Findings:

Excessive workload, when experienced, was attributed to staff shortages, equipment shortages/technical issues and increased demands as a result of women's clinical characteristics, increased expectations and additional policies and procedures due to maternal morbidities. The midwives and HCA's reported that providing quality woman-centred care gave them great job satisfaction. However, the chasing of resources was considered as barriers to providing this care. Some suggestions were made for improving women's preparation for motherhood, such as community postnatal clinics and improved education antenatally. Some realistic and practical suggestions were made for reducing staff members time undertaking non-patient related tasks. These included the provision of more equipment, increased provision of catering services and more administrative support. The potential use of multi-task attendants was suggested to more effectively utilise the HCA role, and improve woman-centred care from the team as a whole. There were requests for HCA cover for all shifts on all wards; for more 'experienced' midwives and improved coverage of midwifery management at ward level out of hours.

More information on the qualitative findings can be found in the British Journal of Midwifery (accepted for publication in October 2021: Doherty *et al.* (2021) '2010-2020: Changes in Care in the 4th trimester of pregnancy in Ireland'



References on Request (jean.Doherty@nmh.ie)

