



## Midwifery staffing for newborns position statement

### 1. Purpose

This position statements sets out the Australian Nursing and Midwifery Federation (ANMF) rationale for the need to review:

- Medicare criteria for newborns
- current midwifery staffing arrangements.

It should be read with the ANMF position statement: *Medicare*.

### 2. Definitions

**Medicare** is Australia's publicly funded universal healthcare insurance system open to all Australian citizens; permanent residents; and citizens of countries with whom Australia has a reciprocal healthcare access agreement who are living in Australia. Medicare pays some of the costs of essential healthcare listed on the Medicare Benefits Schedule (MBS).

A **qualified newborn** is a newborn that meets the Medicare funding criteria (see 3). An **unqualified newborn** does not meet the Medicare funding criteria (see 3).

### 3. Context

All newborns born in hospital or admitted to hospital within the first nine days after birth are classified as admitted patients. However, to qualify for Medicare funding, a newborn must also meet one of the following criteria: <sup>1</sup>

- be the second or other live born infant of a multiple birth by a mother who is an admitted patient
- be admitted to an approved hospital intensive care facility that provides special care
- be admitted to, or be remaining in, hospital without the mother.

Newborns who do not meet one of these criteria do not qualify for Medicare funding. This means:

- when a woman remains in hospital with her baby after the baby's birth and the baby does not meet one of these criteria, Medicare does not fund the baby's care
- when a midwife is caring for a post-partum mother and her newborn, the midwife is officially allocated one person but is responsible for, and caring for, two people.<sup>2,3</sup>

The need to care for unqualified newborns without the funding to do so means maternity services are understaffed. This places women, newborns and staff at risk and goes against a growing body of evidence showing midwifery workloads have a direct impact on health outcomes for women and their newborns.<sup>4</sup>

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<sup>1</sup> Australian Institute of Health and Welfare. 2018. Newborn qualification status available at <https://meteor.aihw.gov.au/content/index.phtml/itemId/327254>.

<sup>2</sup> Australian Institute of Health and Welfare. 2018. *Australia's mothers and babies 2016 - in brief*. Canberra, Australia.

<sup>3</sup> Ashcroft B, Elstein M, Boreham N and Holm S. 2003. Prospective semi structured observational study to identify risk attributable to staff deployment, training and updating opportunities for midwives *British Midwifery Journal* 32(7): 584a-586A.

<sup>4</sup> Sandall J, Homer C, Sadler E, Rudisill C, Bourgeault I, Bewley S, Nelson P, Cowie I, Cooper C and Curry N. 2011. *Staffing in maternity units: Getting the right people in the right place at the right time*. The Kings Fund, London.



#### 4. Position

It is the position of the ANMF that:

1. The classification of newborns and the calculation of workloads in maternity services must be reviewed.
2. The assumption that the needs of all newborns can be met by their postnatal mother and that only qualified newborns require the care of a midwife is incorrect.
3. All mothers who are admitted patients require midwifery care.
4. All newborns who are admitted patients require care separate from the care provided to their mother.
5. Maternity services must therefore be staffed with an appropriate number of midwives to ensure they can provide safe midwifery care to all mothers and newborns, whether the newborn is qualified or unqualified.
6. Newborns with complex needs who are being managed in postnatal wards must be classified as qualified newborns for funding purposes and the midwifery staffing in the ward must increase accordingly.

#### 5. Position statement management

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