

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. Title	Mr <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	Matt
3. Surname	Keogh MP
4. Contact Details	
5. Organisation	Federal Member for Burt
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input type="checkbox"/> Group/organisation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	



Matt Keogh MP

Federal Member for Burt

Ms Robin Kruk AM
Chairperson
Sustainable Health Review

By email: SHR@health.wa.gov.au

Dear Chairperson,

I write regarding the current Sustainable Health Review.

The current arrangement relating to the classification of newborn babies as patients for the purposes of nursing staff ratios has recently been brought to my attention

I understand that new born babies are only classified as patients if and while they are in a neonatal intensive care unit. Prior to, after, or if this does not occur, new born babies are not classified as patients for the purposes of determining nurse-to-patient ratios. This, combined with a movement towards reducing separation of new babies from their mothers has resulted in concerns with being able to provide proper and necessary care to babies and mothers.

I am told that midwives at tertiary hospitals are presented with an increasing number of complex births, and as a result, mothers and babies with higher needs after birth.

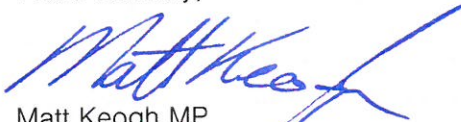
Where some babies with complex needs would be have previously been transferred to the neonatal intensive care unit, due to a policy shift aimed at keeping mothers and babies together, this occurs less frequently and places higher care burdens on midwifery staff.

I am advised that the ability to carry out regular 15 minute checks on newborns is significantly inhibited by their need to devote more time to babies with higher needs still in the maternity unit. Because these babies are not classified as patients for the purposes of nurse-to-patient ratios, there are not enough nursing and midwife staff in maternity wards to maintain proper levels of care for mothers and babies.

These issues are of course more acute at Fiona Stanley Hospital, which as a tertiary hospital attracts a higher proportion of high risk births. I would encourage the Sustainable Health Review to examine the issue of potentially understaffed maternity wards as a result of newborns on maternity wards not being classified as patients.

I appreciate your attention to this matter and look forward to your response.

Yours faithfully,



Matt Keogh MP
Federal Member for Burt
2 July 2018