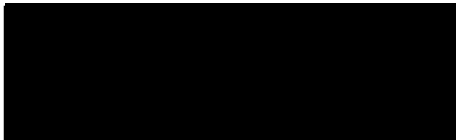




Hospital Services

North Shore Hospital Campus
Shakespeare Road, Takapuna
Private Bag 93-503, Takapuna
Auckland 0740
Telephone: 09 489 0527
Facsimile: 09 486 8339

14 August 2019



Dear 

Re: OIA request – Maternity staffing

Thank you for your Official Information Act request received 22 July seeking the following of Waitematā District Health Board (DHB):

The number of full and part time staff currently employed in the maternity ward at your District Health Board. Please separate these by job title ie. midwife, senior midwife, obstetrician, nurse etc.

The number of positions that exist or need to be filled - ie. If there are 20 midwife positions but 10 are currently filled, please state this, and also the length of time the position has been open for.

Any reports or information - including internal memos etc - into staffing problems within the maternity ward, and any issues with recruitment, in the past two years. This includes reports of any adverse events where staffing was identified as an issue.

Any complaints or matters of concern raised by maternity ward staff to management about problems or incidents arising from or related to a lack of staffing within the maternity ward.

In response to your request, please be aware that Waitematā DHB cares for the largest patient population of any DHB in New Zealand, currently standing at just over 630,000 people.

Waitematā DHB has two secondary maternity facilities, one at North Shore Hospital and one at Waitakere Hospital. In a typical 12-month period, our services will be involved in the birth of more than 7,000 babies. Adverse events and complaints are rare in the context of our overall patient care. The information prepared for you aggregates the staff across both maternity units.

The number of staff employed in the maternity facilities

The table below outlines the number of full time equivalent (FTE) staff, by professional group, who are employed to work in the service and the current level of vacancy for each as at 30 July 2019. Please note that this table is not directly comparable to the information provided in our 2017 response as a different methodology has been used. Specifically:

- Medical staff – the total number of medical staff working across the Women’s Health Service (both inpatient and outpatient Obstetrics and Gynaecology services) has been provided, as it is difficult to apportion staff to a particular clinical area.
- Senior midwives – the table below only includes senior midwives who are working clinically in our inpatient areas. In 2017, senior midwifery roles that did not provide direct clinical care were also included.
- Midwives – the number of budgeted FTE has decreased from 2017 as this has been reallocated to registered nursing. This is to support the introduction of a new collaborative team-based model of care at the North Shore Hospital maternity facility, where registered nurses and midwives work together to provide care to women on the postnatal ward.
- Please note, social workers, lactation consultants and newborn hearing screeners work across the community and inpatient maternity services. Again, the total number of FTE across community and inpatient service has been provided, as it is difficult to apportion staff to a particular area.

Due to the different methodology used, extreme caution is advised in making comparisons with data provided under the Official Information Act by Waitematā DHB in 2017.

Professional group	Budgeted FTE	Actual FTE	Vacancies (FTE)
Senior medical officer	19.00	17.49	1.60
Resident medical officer	13.40	13.40	-
Senior house officer	8.00	8.00	-
Senior midwives	13.05	13.05	-
Midwives	82.46	68.40	14.06*
Registered nurse	6.20	6.20	-
Enrolled nurse	1.60	1.80	-
Health care assistant	25.30	23.90	1.40
Lactation consultant	2.30	2.30	-
Social worker	4.50	4.50	-
Newborn hearing screeners	6.38	6.18	0.20
Ward clerk	12.14	9.11	3.03
TOTAL	190.99	173.33	20.29

** Waitematā DHB has a pool of appropriately qualified non-staff midwives whom we employ on a casual basis to assist with covering staff vacancies. The number of midwife staff vacancies, therefore, should not be interpreted as a gap in the quality-of-care provided to women or their babies.*

The length of time vacancies have been open

Waitematā DHB does not track the length of time each vacancy remains open. Therefore, we are unable to provide accurate information as there is a continuous change in staffing. In regards to midwifery vacancies, the DHB was fully staffed briefly in April this year. Since this time, it has been challenging to fill all the open vacancies.

Any reports or information - including internal memos etc - into staffing problems within the maternity ward, and any issues with recruitment, in the past two years. This includes reports of any adverse events where staffing was identified as an issue.

Recruitment challenges

There is currently a national shortage of midwives. There are a number of contributory factors for this including:

- Low numbers in the midwifery undergraduate programme
- High attrition rate from the undergraduate programme
- Better terms and conditions for midwives working overseas
- Midwives reducing their hours to manage their workload and other commitments (such as study or family)
- Employment options such as the ability to become self-employed
- High cost of housing in Auckland leading to midwives relocating to other centres.

Waitematā DHB has an active strategy in place to minimise the impact of midwifery vacancies and ensure that staff are well-supported. Actions include:

- Backfilling vacant midwifery positions with registered nurses, supported through the development of a collaborative care model
- Providing greater support for new graduates through our successful Midwifery New Graduate programme
- On-shift support of undergraduates and new graduates by a clinical coach
- Increasing the administrative support by having 24/7 ward clerk.

Adverse events

There was one adverse event recorded in 2018 where staffing was raised in the findings. This was in relation to the workload of senior doctors. The report on this adverse event contains detailed information about a patient and we are, therefore, withholding it under Section 9(2)(a) of the Official Information Act 1982. The finding in relation to staffing was that there was one Senior Medical Officer on-call to cover obstetrics and gynaecology and, due to the acuity of obstetrics on this occasion, the postpartum and gynaecology patients received delayed care. As a result, an additional Senior Medical Officer has been appointed to ensure there is on-call senior clinical support available to support junior doctors on ward rounds. This serves to improve decision-making and education of junior staff.

Complaints or concerns raised by staff

Please see attached concerns raised by staff in relation to staffing. Please note information contained within these documents that is outside of the scope of your request has been redacted. The redacted information includes communication in which staff have shared details of their personal circumstances and have done so with an expectation of privacy.

Please also note that names and contact information of individual staff members has been withheld where appropriate under Section 9(2)(a) of the Official Information Act in order to protect the privacy of natural persons.

Waitematā DHB has an active incident reporting system. Staff report incidents that have occurred and are also encouraged to report events that they believe may have been a 'near-miss'. This system enables events and near-misses to be investigated and trends and themes to be identified so strategies can be put in place to mitigate or reduce reoccurrence.

All incident forms submitted are reviewed by both the staff member's line manager and a quality lead. Investigation findings and recommendations are also detailed where appropriate. Feedback is then provided to the staff member who submitted the form.

Over the last two years, a total of 65 incidents were reported relating to a lack of maternity staff to provide patient care. Waitematā DHB has decided to withhold copies of these incident forms submitted by staff under Section 9(2)(g)(i) of the Official Information Act relating to the free and frank expression of opinions.

If you are dissatisfied with any of these decisions, you are entitled to make a complaint to the Ombudsman, whose details are available via www.ombudsman.parliament.nz.

I trust that this information meets your requirements. Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why our response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Cath Cronin
Director Hospital Services
Waitematā District Health Board

[REDACTED]

Maternity suite,
North shore hospital.

Waitamata DHB

12/6/2019

Dear Cath, Steph, Emma and Sam

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

To this mix throw in staffing numbers which have NOT increased on maternity suite to reflect the clinical changes. At times we have struggled to employ to our full FTE. These issues, I know you are very aware of as they have been up for on-going discussion over the past few years.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] This would be achieved more effectively if there was a TIC on am shifts and a co-ordinator on all other shifts with no workload. [REDACTED]

[REDACTED]

Yours sincerely,

[REDACTED]

[REDACTED] (ACCM Maternity suite)

Emma Farmer (WDHB)

From: [REDACTED] (WDHB)
Sent: Tuesday, 04 June 2019 01:44
To: Emma Farmer (WDHB); Sam Davenport (WDHB)
Cc: Diana Ackerman (WDHB); Helen Allen (WDHB); Sue Skipper (WDHB)
Subject: Staffing

Hi Emma and Sam,

I would like to put in writing my concerns over the staffing of our unit at night time, in particular, the staffing of our doctors.

In the last 18 months the unit has become noticeably busier at night time, and we are operating the unit on Jess staff all around - midwives, doctors and unit assistants. I have had multiple incidences where our registrar has been busy in theatre, and we have had emergencies on Birthing Suite and no one here to assist when needed.

Tonight when I arrived for handover at 7pm, we had one case in theatre having an emergency caesarean section, where an undiagnosed placenta increta was found. Our registrar called in the consultant to assist. On Birthing Suite was a patient waiting for an emergency CS having decelerations on the CTG, and we were expecting an arrival from Warkworth Birthing Unit that had been fully dilated for over 3 hours. After speaking to the Registrar on call, I was informed that they would be tied up for at least 1-1.5 hours in theatre dealing with the placenta increta. Knowing that we had two babies that would be needing urgent delivery I called in a second consultant to assist. Thankfully, she came with no questions asked.

I have been remiss in not documenting these earlier via Riskpros, but usually on these nights we are so frantic we are barely keeping our heads above water. I have done a Riskpro for this tonight, and I will be doing one for every event in the future. Our Registrars are under immense pressure, and given that nearly all of our consultants are not on site at night time, they are usually working alone with no immediate back up. During the day for both midwives and doctors there are bodies around that can be called in to help when needed. This is not the case at night time, when we Jose members of staff and are operating on skeleton staff.

This needs to be looked at, and after discussing with other CCM's this is not an isolated event - speak to [REDACTED] as well, as between us we cover 5 nights a week on Birthing Suite, and have the most experience of working these situations at night time. We are the only DHB in Auckland that do not have 2 registrars on at night, and we cannot sustain the current workload at night with the staffing that we have.

Please can we look at this further - I know that if you spoke to our current intake of Registrars they would also agree with me.

Kind Regards
[REDACTED]

[REDACTED] | Clinical Charge Midwife

Perinatal and Maternal Coordinator Waitemata DHB | Local Coordinator - PMMRC
North Shore I-hospital.

i\laternity Suit(' Priv:tt(' Bag 93503.

T.1kapuna, Auckland 0740.

[REDACTED]
www.vaitcmatadhb.nz

Emma Farmer (WDHB)

From: Cath Cronin (WDHB)
Sent: Tuesday, 02 April 2019 16:58
To: Emma Farmer (WDHB); Stephanie Doe (WDHB)
Subject: RE: Midwives Pay/Staffing

That's good.

Dale has put a meeting in the diary with [REDACTED] and I am going to attend as well

cath

Cath Cronin | Director Hospital Services | RN
Waitemata District Health Board

Extension 47238, Direct Dial Phone: 09 4427238, Facsimile: 09 4868339
Email: Cath.cronin@waitematadhb.govt.nz
www.waitematadhb.govt.nz

From: Emma Farmer (WDHB)
Sent: Tuesday, 02 April 2019 4:58 p.m.
To: Cath Cronin (WDHB); Stephanie Doe (WDHB)
Subject: FW: Midwives Pay/Staffing

Update

[REDACTED]

Emma

From: Emma Farmer (WDHB)
Sent: Tuesday, 02 April 2019 11:01 a.m.
To: Cath Cronin (WDHB); Stephanie Doe (WDHB)
Subject: RE: Midwives Pay/Staffing

Just a quick update on [REDACTED]

[REDACTED]

Regards

Emma

From: Cath Cronin (WDHB)
Sent: Tuesday, 02 April 2019 8:06 a.m.
To: Stephanie Doe (WDHB); Emma Farmer (WDHB)
Subject: FW: Midwives Pay/Staffing

Hi

Can you brief me here please

cath

Cath Cronin | Director Hospital Services | RN
Waitemata District Health Board

Extension 47238, Direct Dial Phone: 09 4427238, Facsimile: 09 4868339
Email: Cath.cronin@waitematadhb.govt.nz
www.waitematadhb.govt.nz

From: Dale Bramley (WDHB)
Sent: Tuesday, 02 April 2019 7:37 a.m.
To: Cath Cronin (WDHB); Stephanie Doe (WDHB); Peta Molloy (WDHB)
Cc: Fiona McCarthy (WDHB)
Subject: Re: Midwives Pay/Staffing

Hi Cath

Could you touch contact [REDACTED] on this please and see if there is any help that can be given.

Thanks

Dale

On 1/04/2019, at 1:06 PM, [REDACTED] (WDHB) <[REDACTED]@waitematadhb.govt.nz> wrote:

Kia Ora Dale,

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The acuity for the last two months in maternity has been significantly higher than normal. A year ago this used to happen on one or two days each week. Now it is everyday. Everyday the ward is full, everyday our birthing rooms are full. Most days we have women being assessed in the family lounge because we have no rooms for them.

Most days we manage to be fully staffed. Except the current staffing levels that you deem as "fully staffed," are no where close to providing safe care.

Trendcare does not cater to midwives as it does not count babies as people/patients. So while you look at the allocations and see I am caring for 6 women, I am also caring for 6 babies.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Thank you

[REDACTED]

Emma Farmer (WDHB)

From: Sam Davenport (WDHB)
Sent: Friday, 29 March 2019 15:01
To: Emma Farmer (WDHB)
Subject: UPDATE STAFFING

Hi Emma

Now 1 midwife down 2300-0300

2 midwives down from 0300- 0700



Kind Regards

Samantha Davenport

Midwife Manager Facilities | Northshore Maternity Services

Waitemata District Health Board | Best Care for Everyone

Phone: (09) 486 8920 ext 43837 | Mobile: 0212740587 | Email: sam.davenport@waitematadhb.govt.nz

Address: 124 Shakespeare Road, Takapuna, 0622, | Web: www.waitematadhb.govt.nz

Everyone rvlatt0rs | With Compassion | Better, Best, Brilliant | Connected

Emma Farmer (WDHB)

From: [REDACTED] (WDHB)
Sent: Thursday, 28 March 2019 16:56
To: Emma Farmer (WDHB)
Cc: Debbie Daniel (WDHB); Rebecca Eade (WDHB)
Subject: Staffing NSH

Hi
Update on staffing now only 1 midwife short pulled staff member from morning shift and Bureau nurse available.
So we have been able to take [REDACTED] from Maternity to cover CCM role on birthing suite from 2300.
[REDACTED]

Angela

Kind Regards

[REDACTED]
Midwife Manager Facilities | Northshore Maternity Services
Waitemata District Health Board | Best Care for Everyone

[REDACTED] | Email: sam.davenport@waitematadhb.govt.nz

Address: 124 Shakespeare Road, Takapuna, 0622, | Web: www.waitematadhb.govt.nz

Everyone Matters | With Compassion | Better. Best. Brilliant | Connected

Emma Farmer (WDHB)

From: [REDACTED] (WDHB)
Sent: Thursday, 17 January 2019 05:27
To: Sam Davenport (WDHB)
Cc: Emma Farmer (WDHB)
Subject: Staffing 15/1night shift

Good morning

I believe the night staff were very unhappy with the staffing arrangements for this night that I handed over to [REDACTED] for and I would like to clarify a couple of things.

I knew there was potential to get busy with community pts and Shorebirth/private pts so I had put out a call to LMC's for care. I had 3 replies who would all come for CMT woman and one was happy to come in to care for the private pts and bill the hospital. The Shorebirth woman did represent at 2200 however they did not call the midwife to come and care for her. I realise hindsight is a wonderful thing and perhaps it would have been prudent to do so in view of *staff* shortage on the ward but I was met by quite hostile staff this evening about how the staffing was left. I did also handover the staffing was to be reviewed as per [REDACTED] request in the evening.

I left the shift with one Shorebirth woman labouring and the Awhina Rm foetal demise settled with pain relief/night sedation and had pre arranged an order for her for a PCA and pump present if required.

Anyway I thought I would clarify a few points as I believe the staff put in a risk-pro about this.

Thank you

[REDACTED]

Emma Farmer (WDHB)

From: [REDACTED] (WDHB)
Sent: Wednesday, 16 January 2019 21:25
To: Emma Farmer (WDHB)
Cc: Pat Kelly (WDHB); Sam Davenport (WDHB)
Subject: RE: Staffing levels 15 - 16/01/19

Follow Up Flag: Follow up
Flag Status: Completed

Hi Emma,

I am on a day shift next Friday (25th January), if you are about I'll pop in and see you.

With regards to the Duty Manager I did make her aware of the situation when she did her rounds, [REDACTED] ensured CAAGS was complete, and I requested support from the Clinical Nurse Manager who also discussed the situation with the Duty Manager.

Thank you for offering to come in. The situation, in my opinion, did not warrant disturbing your sleep. The period where there were only 3 midwives on the ward was temporary and with a Waitemata Central Nurse helping out we kept those on the ward as safe as possible. My main concern was if [REDACTED] had not come in for an extra shift we would have been left with only 2 midwives on maternity for a period of time and this would have been very unsafe.

Kind regards,

[REDACTED]

From: Emma Farmer (WDHB)
Sent: Wednesday, 16 January 2019 9:10 a.m.
To: [REDACTED] (WDHB); Sam Davenport (WDHB)
Cc: Pat Kelly (WDHB)
Subject: RE: Staffing levels 15 - 16/01/19

Thanks [REDACTED] for this summary of your shift, talking to [REDACTED] this morning it sounds like you all had a terrible night. I note that in the duty manager report there is no mention of the difficulties you were all having and I wonder how we get this escalated to the right people. As you know I am happy to be called and would have come in if asked. Lets talk some more about this.

Thanks
Emma

From: [REDACTED] (WDHB)
Sent: Wednesday, 16 January 2019 4: 10 a.m.
To: Sam Davenport (WDHB)
Cc: Pat Kelly (WDHB); Emma Farmer (WDHB)
Subject: Staffing levels 15 - 16/01/19

Hi Sam,

Tonight's night shift was not fully staffed as far as I am aware this was due to sickness and a roster deficit. I was told at hand over that double time would not be offered to fill the gaps due to the number of empty beds. This was very disheartening when I was faced with coordinating a ward with only 4 midwives (including myself).

I believe after a conversation with you at 7pm [REDACTED] sent out a double time text, a text [REDACTED] responded to. I am very grateful she did as I do not know how we would have coped without her.

I have completed a risk pro regarding the staffing and the unsafe situation on the ward during the night shift, in particular the period between 0030 and 0200.

Looking at the number of empty beds and how many women were on birthing it would be easy to think that the staffing was adequate however when looking at the needs of those who were admitted a different story is told. Birthing required 5 midwives at one point to ensure the basic clinical needs of all their women was met. This resulted in 3 midwives caring for those admitted to Maternity. Those who were admitted to maternity were relatively clinically stable with the exception of 1 or 2. Clinical care was only half of what these women and babies need. The care which was required tonight was emotional and practical, basically they needed intensive holistic midwifery care. This all made for a very challenging, and at times unsafe shift.

I hope in future everything that can be done will be done to ensure shifts are no more than one member of staff short, fully staffed is probably too much to ask for. Not offering double time during the day for a shift that is +2 feels like those who are admitted to the ward, whose care suffers when staffing is short, and those working on those shifts, whose mental health is adversely affected when working in such a stressful environment, don't matter.

I took the time to write this between blood sugars and blood pressure and supporting stressed midwives and helping with their tasks and ensuring the ward was prepared should the next drain on its staffing level occur because I feel it is important you understand how the midwives working tonight felt. I now have to go to do another blood glucose on a baby whose levels have been unstable all night and whose mother is not coping at all well with the situation.

Kind regards,

██████████

Emma Farmer (WDHB)

From: Stephanie Doe (WDHB)
Sent: Tuesday, 15 January 2019 13:51
To: Emma Farmer (WDHB)
Subject: RE: Disillusioned staff member

Thanks Emma

-----Original Message-----

From: Emma Farmer (WDHB)
Sent: Tuesday, 15 January 2019 10:47 a.m.
To: Stephanie Doe (WDHB)
Subject: FW: Disillusioned staff member

FYI

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, 15 January 2019 9:10 a.m.
To: Emma Farmer (WDHB)
Subject: Re: Disillusioned staff member

Hi Emma,

I'm happy to wait until you are both back.
It's never that easy to meet when I work 3 night shifts a week.
Have a great time away and look forward to meeting with you in February.

[REDACTED].

Sent from my iPhone

> On 15/01/2019, at 8:30 AM, Emma Farmer (WDHB) <Emma.Farmer@waitematadhb.govt.nz> wrote:
>
> Hi [REDACTED],
> Unfortunately Steph is away from Friday and then I am away from the 25th until the 11th Feb. I do want to meet
> would you be happy to meet without Steph or are you happy to wait until after the 11th?
> Thanks
> Emma
>

> -----Original Message-----

> **From:** [REDACTED]
> **Sent:** Monday, 14 January 2019 8:54 p.m.
> **To:** Emma Farmer (WDHB)
> **Subject:** Re: Disillusioned staff member
>

> Hi Emma,

> This week I am unavailable to meet. Next week I could do either Monday morning or Friday. That would fit around
> my 3 night shifts.

> Thanks [REDACTED].

> Sent from my iPhone

>

» On 14/01/2019, at 9:39 AM, Emma Farmer (WDHB) <Emma.Farmer@waitematadhb.govt.nz> wrote:

»

» Hi [REDACTED],

» Both Steph and I are at work this week between spells of leave and would like to meet up, I know you are on night duty, when would be a good time to meet?

» Thanks

>> Emma

>>

» -----Original Message-----

» From: Stephanie Doe (WDHB)

» Sent: Friday, 14 December 2018 5:07 p.m.

» To: Emma Farmer (WDHB)

» Subject: FW: Disillusioned staff member

>>

>> Hi Emma

» Please see below - would you be ok to meet with [REDACTED] with me?

>> Thanks

» Steph

>>

» -----Original Message-----

» From: Dale Bramley (WDHB)

» Sent: Friday, 14 December 2018 3:35 p.m.

» To: [REDACTED]; Stephanie Doe (WDHB); Cath Cronin (WDHB)

» Subject: RE: Disillusioned staff member

»

» Hi [REDACTED],

»

» I'll ask Stephanie Doe your GM to answer this question with you.

» She has the operational detail for your service.

»

» Stephanie would you mind responding to [REDACTED] or perhaps even meeting with her.

» Im sure other staff in the service would also appreciate a discussion with you on this.

>>

>> Thanks

>> Dale

»

»

»

» Dr Dale Bramley

» Chief Executive Officer

» Waitemata District Health Board

» Private Bag 93 503, Takapuna 0740

>> www.waitematadhb.govt.nz

»

» This electronic message together with any attachments is confidential. If you are not the intended recipient: (i) do not copy, disclose or use the contents in any way; and (ii) please let me know by return email immediately and then destroy this message. Waitemata District Health Board is not responsible for any changes made to this message and/or any attachment after sending.

>>

>>

» -----Original Message-----

» From: [REDACTED]

» Sent: Friday, 14 December 2018 11:25 a.m.

» To: Dale Bramley (WDHB)

[REDACTED]

»>
»> My hope is that you will **think** about how understaffed and undervalued your midwifery workforce are and DO something about it.

»>
»> With hope,
[REDACTED]

»> Midwife.

»>
»>
»>
»>
»>
>»
>»
>>>

>>> Sent from my iPhone

»>
»> Legal Disclaimer: www.waitematadhb.govt.nz/Disclaimer.aspx
»
»
» Legal Disclaimer: www.waitematadhb.govt.nz/Disclaimer.aspx
>
>
> Legal Disclaimer: www.waitematadhb.govt.nz/Disclaimer.aspx

Emma Farmer (WDHB)

From: [REDACTED] (WDHB)
Sent: Thursday, 15 November 2018 09:07
To: Sam Davenport (WDHB)
Cc: Emma Farmer (WDHB)
Subject: staffing and MTOP's on Hine Ora

Good morning Sam

I am writing to express my concerns about staffing overnight when there is a lady requiring care in Hine Ora who is undergoing an MTOP or induction for foetal demise.

Once again last night birthing was extremely busy. xl synto, xl LMC handed over care and another who wanted to immediately after delivery (who repeatedly reminded me that she had provided hours of secondary care with synto before her lady was actually in labour). Twins that went for section, 3 shorebirth patients fortunately one after the other, an antenatal arriving unannounced and the lady undergoing MTOP on Hine Ora plus several laboring ladies with LMC'S and the remaining IOL. I pulled a *staff* member from the ward at one point to help with the twin section however at times there was me and a first year whilst the other midwife was in Hine Ora then she was requesting my assistance which was not at all safe. The poor lady on Hine Ora had, I felt, sub optimal care and was not supported by family members as her husband and son were sleeping soundly in the room and we were unable to provide what I felt was adequate care. I did at one point consider moving her to birthing suite so as to keep a closer watch on her but felt it unfair on her as she was settled in the room and birthing was busy with birthing noises!
Anyway to cut to the chase perhaps if there is a woman in Hine Ora who has commenced misoprostol and has not delivered another *staff* member should be allocated to birthing until she does deliver. I understand that finding *staff* is an ongoing issue and each case is individual but that this should be factored into consideration during the day when looking at staffing requirements. I did hold *off* continuing giving her misoprostil because we were so busy and the Dr's were aware. I know [REDACTED] also struggled during the day with a senior *staff* over looking after her for most of the day. As usual the woman delivered smack bang on handover time and I felt she had received in-adequate care up until this point.

The clinical managers were aware of how busy we were.

I will put in a risk pro but was too busy overnight and had to get home this morning for stepchildren transport issues to exams so couldn't stay on to do so.

Anyway just a point for consideration.

Hope the day goes well

Thank you,
from a very tired

[REDACTED]