

Free critical thinking  
on do midwives shoot  
themselves in the feet  
when it comes ...

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Do midwives shoot themselves in the feet when it comes to not counting babies and mothers as separate units?

There is a misnomer that postnatal care is less important than other aspects of maternity care. The set staff-patient ratios in majority of postnatal wards count mothers and babies as one unit rather than separate entities. As a result, these wards have chronic understaffing problems because they are allocated less staffs. Understaffing impacts on the quality and safety of care provided as well as patient and staff satisfaction. This essay is a personal reflection of the frustrations that result from the exclusion of babies from patient counts in postnatal wards.

My experience from working in the postnatal ward of a large state referral hospital that excludes babies from patient counts has made me realize that nurses are shortchanged by this staffing practice. Being a referral centre, the hospital mainly admits high risk mothers who require special medical and nursing care. Whilst its an established fact that postnatal wards are usually busy, this particular hospital is busier because more than 4000 mothers deliver at the hospital and approximately 50% deliver by caesarean section. The babies born to most high risk mothers require intense and specialized care such as jaundice treatment, 3 hourly feeding, and continuous monitoring. The specialized care is additional to the routine care of newborns which incorporates aspects such as cord care and changing of diapers. In essence therefore, a nurse allocated to five mothers in a postnatal ward ends up caring for 10 patients.

The disparity in patient/staff ratio is worsened by the fact that the hospital is perpetually understaffed. Its not uncommon to have two midwives and two registered or enrolled nurses caring for 30 women and their babies during a shift. The hospital also has a high readmission rate which is probably due to the fact that postnatal mothers are not given ample time to recuperate before being discharged due to limitations in bed capacity. On average, a mother who has a normal vaginal delivery is discharged after 24 hours whilst mothers who deliver by ceasearean section are permitted to go home after 48 hours. Therefore, the ward is always full.

As an individual, I feel frustrated because i am overworked. I also feel disappointed that as nurses, we are forced to provide suboptimal care to postnatal patients. These mothers come to the hospital expecting that they shall receive quality and safe care not only for themselves but also their babies. In my opinion, the exclusion of babies from patient counts in postnatal wards has practice implications, is unreasonable, and opts to be reviewed.

In conclusion, the exclusion of babies from patient counts in postnatal wards leads to the frustration of both the nurses and patients. The nurses are frustrated because they are overworked and forced to provide poor, rushed care. The patients are frustrated by the lack of infomational and psychological support from nurses. As a nurse, i am discontented with the huge workloads.