



March 2022

We're in this together: Midwives working through Omicron

As the number of people with Omicron continues to increase and spread across the country, so does the number of women with Omicron who need care within our maternity services.

The experiences of the Auckland region show that there is likely to be a need to change the way your maternity inpatient areas function as case numbers increase.

Changes to the maternity unit

Many maternity units have changed the function of some rooms so that women can be screened for Covid before they enter the main maternity ward areas. Some are consolidating women with Omicron together in certain areas of their maternity service or on a Covid ward.

At the same time there may also be midwives off sick with Covid and this affects staffing numbers. These changes may impact where midwives work within their maternity services.

Changes to ways we work

With the increase in hospital cases for Covid, hospitals are reducing other services and redeploying staff to assist in priority areas.

MERAS does not expect midwives to be asked to work outside of maternity or care for non-pregnant or post-partum women or babies, but you may be asked to assist in different areas of your maternity service, or to provide care to pregnant or post-partum mothers and babies on a Covid ward. You may also find maternity wards are consolidated or combined with the labour ward (in smaller units).

Easing the pressure

In general, the aim is to keep primary maternity units open and encourage LMCs and women to use those services where the women do not have Covid to ease the pressure on the secondary or tertiary units.

DHB community maternity services also continue to provide care to women in the community and outpatient areas and may be busier as women opt to receive care at home rather than in the maternity unit.

Staying informed

The impact of Omicron on a community, hospital or maternity unit can create the need for sudden change. It is important that as midwives you check workplace emails and noticeboards for Covid updates frequently

and that you are familiar with your unit's Covid and escalation plans.

Supporting each other

MERAS has seen an amazing effort from members at the forefront of the Covid response and the need to pull together and support each other as we work through the coming weeks.

Whatever your current midwifery role there may be times when you are asked over the next few weeks to assist in another area of your maternity service, or to work in another maternity ward or unit, or even to support a neighbouring DHB. If this occurs, MERAS would expect that:

- You provide care that you are more familiar with;
- That you are orientated to unfamiliar areas;
- That any additional travel costs (to another unit) are paid by the DHB;
- That the hours are those that you would normally work unless you agree to work different hours.

Supporting you

This can be a stressful time for members. If you have concerns about the plans for or caring for Covid +ve women, talk to your midwife manager, local MERAS workplace representative, or contact Caroline Conroy MERAS Co-Leader (Midwifery), 027 6888 372 .

EAP is available in DHBs and many have other support services available. MERAS is also encouraging DHBs to provide food in staff rooms, and we are working with DHBs on other 'wellbeing' initiatives to staff.

Capturing the work that you do

If you work in a DHB inpatient service, make sure that the work you do is predicted and actualised in Trendcare and a VIS is completed at least once a shift. This will show how busy maternity is compared to other ward areas and additional HCA or nursing support may be available to assist.

Caroline Conroy, Co-Leader (Midwifery)

Jill Ovens, Co-leader (Industrial)