

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: Anonymous submission to the Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania
Date: Monday, 16 September 2024 4:44:53 PM

[REDACTED]
Hello,

I am writing to you to make an anonymous submission to the Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania.

I am a parent of a child born in [REDACTED]. There are four things I would like to mention. The first three events happened in [REDACTED] and the fourth in late [REDACTED].

1. When our CHaPS nurse asked if I would like to join a “parents” group, she was surprised when I said that my husband would like to join the group, either as well as or instead of me. He was our baby’s primary carer, after all. While she agreed in principle that this shouldn’t be a problem, she was very unsure about whether it would be possible, and had to check with her manager about whether a father could join a parents’ group. It turned out that it was ok, but it was not a very welcoming start. A less determined father might have been put off by this experience, which would have been a shame. If we are serious about changing the idea that raising children is women’s work, then it is important that we aren’t putting barriers in the way of men to step up and take on the role of primary carer. My husband and I were surprised that it was an issue at all, given that they are called “parents’ groups” not “mothers’ groups”.
2. When our baby was 5 months old, we made an appointment with a CHaPS enrolled nurse at the parenting centre in New Town to seek help with our baby’s sleep. The nurse told us that some form of sleep training was the only solution, and that we should buy a cot immediately. She ignored our baby’s underlying health issues that we said had yet to be resolved, and the hand outs that she provided us with specifically stated that the sleep training methods were inappropriate for babies under 6 months of age. We were very stressed, sleep deprived and struggling to cope despite family support, so we did our best to follow her advice for two weeks (without much progress), after which time she made a home visit. During this visit, the three of us all tried to get our baby to sleep in the cot for an hour and a half. Baby became increasingly distressed during this time. The nurse then threw up her hands and left, saying that she had nothing else to suggest. This nurse’s advice was inappropriate, and not at all helpful. Not only did she fail to listen to our family’s circumstances and baby’s medical situation, but the advice she gave about sleep was outdated and not in line with modern best practise. She also seemed unfamiliar with terms such as “controlled crying” - when my husband asked her how her methods were different from controlled crying, she did not seem to understand the question.
3. When our baby was a few days old, the midwife who had come for a home visit said that a blood sample needed to be taken. The midwife suggested we make an appointment to see a GP to have the blood taken, then the GP sent my husband and baby to Hobart pathology at Sandy Bay, who told him that the midwife was actually the best placed to take the blood sample. We could have done without driving our baby all around Hobart, only to end up needing to arrange another visit from the midwife.
4. I went through the MGP program, and during my pregnancy, some of the MGP

midwives swapped around and moved locations. I was reassigned to a new midwife, and when I asked I was told that I wasn't able to follow my midwife to her new location. This disrupted the continuity of care which had attracted me to the MGP program, and meant that I had to spend precious energy explaining my health needs again and establishing a rapport with a new midwife.

I would be grateful if this submission could be made anonymously.

Thank you,

[REDACTED]