

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania
Date: Monday, 16 September 2024 2:41:43 PM

Dear Secretary,

I am writing to the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania, because I need to share my story.

My name is [REDACTED] I live in the greater Hobart area. I have one child who is nine weeks old. I would like to address the care that I experienced in my labour/birth/post-partum period here in Tasmania.

LABOUR

I was scheduled for an induction to begin on Sunday the [REDACTED] at the Royal Hobart Hospital. Balloon induction was commenced with the aim to continue into labour the next morning. The next morning I was informed that my induction would be delayed until the afternoon or night shift as there were not enough midwives on shift. I soon learned that being short staffed was a common theme for midwives on the maternity ward. Unfortunately as the afternoon and night shifts rolled around there were still not enough midwives so my labour was delayed until the next morning. I felt scared for myself and my baby when I knew that the induction process had been started but was not able to be continued at the planned time.

The day of labour was reasonably stress free and the midwives were lovely. However when it was almost time to push the epidural pump was continuously alarming. Whilst I was re-assured that the pump had been reset I tried to explain to the doctors and midwives that I felt the bolus of medication had not gone through each time. I am familiar with these machines in my own workplace as an RN. By this stage I was experiencing increasing severe pain down the left side of my back and hip. When it came time to push I was struggling with the pain badly. I felt that I was not listened to when I explained that the epidural was not delivering a dose each time. Although I asked frequently it seemed there was no option for the epidural to be fixed or for any other type of pain management to be given.

My baby was a facial presentation and unfortunately I was required to have an assisted birth with a ventouse device. There seemed to be a lot of discussion about whether the ventouse assist would be done where I was in the delivery suite or in the operating theatre. It felt like a very long wait for the decision to be made and the midwife seemed to disagree shrug the doctors about taking me to operating theatre. I was wheeled to theatre eventually for the procedure but was extremely distressed and crying uncontrollably by this stage. I had an episiotomy as part of the delivery process. When my baby was delivered he received a traumatic injury to his scalp from the ventouse device. Whilst ultimately he has healed well, the injury certainly extended our hospital stay and compromised his health initially.

POST-PARTUM

For me the postpartum period was the most stressful experience during my admission. The ward was constantly short staffed and I felt like it was hard to find a midwife available. I

felt very lost and at times alone.

As soon as we arrived to the ward post birth we were informed that our midwife would not be with us any longer as she had been required to go back to delivery suite and assist with another birth. It was disappointing for us to not have continuity of care with the same midwife on shift. We were later told that there were nine babies born that night and only five midwives on shift. We were attended to by another midwife who was able to dress and weigh our baby, as well as show us how to give a “finger feed” with expressed colostrum. However I was extremely uncomfortable and unable to reposition myself due to having spinal anaesthesia. I was covered in blood and sweat and asked if I could please have some assistance to clean up. Unfortunately the midwife was simply unable to help me due to her increased workload.

Whilst the midwives were kind and amazing there were simply not enough of them on shift at any one time. I could sense the midwives on shift were very stressed and struggling to keep up with their workload. There were certain things that seemed to be missed or not completed on time such as my blood sugars and routine observations post birth.

The most stressful thing for me was that I received no education in regards to breastfeeding post-partum. I was left to teach myself to breastfeed and I feel this caused me high levels of stress around breastfeeding and ultimately led to transitioning my baby to formula. This was a stressful and disappointing decision for me.

Unfortunately my birth experience left me quite traumatised.

SOLUTIONS

The recommendations that I have are:

- Easier and wider access to midwife led continuity of care model
- Access to a known midwife
- Less inductions to be booked/commenced when the ward is short staffed.
- More funded positions for midwives in Tasmania as well as incentives for midwives to relocate here from interstate.
- More funding for post-partum care, such as physio, social worker, lactation support
- More psychological support for women who have traumatic birth experiences.

Kind regards,

[REDACTED]