

The Secretary

Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania

Parliament of Tasmania

Parliament House

HOBART TAS 7000

Dear Ms Ella Haddad,

I wish for my submission to remain *anonymous* due to working for the Tasmanian Health Service myself and having many friends and acquaintances who work in maternal and paediatric health services. I have two experiences I wish to share with you.

Firstly, when my first son was born he had terrible trouble breastfeeding. It was an incredibly stressful experience. Every midwife who came on shift had a different suggestion, technique and advice which, on the whole, was helpful and well-intended. But it got to the point where my son was very distressed and losing weight rapidly.

One particular night, a midwife came in who I had previously had a good relationship with as she worked at my ObGyn's office as well as LGH. I was struggling getting my baby to attach to the breast. The midwife came charging up to me, grabbed the back of my sons head with one hand and forcefully grabbed my right breast with the other forcing my son onto the breast. When it did not work, she appeared to blame me and angrily walked out of the room. I was left with a highly distressed baby and a very bruised breast. Any woman who has had their milk come in and have been unable to breast feed/express knows how engorged and painful the breast tissue can get. To have my breast grabbed so aggressively as to bruise it left me bereft. I usually pride myself on being able to speak up and advocate for myself, however, becoming a mother seemed to strip me of my confidence and indeed my voice. It was the most vulnerable time of my life and this incident set me down a course that almost cost me my life.

The following day my ObGyn organised a consult with Dr [REDACTED], a paediatrician, who took one look at my son and diagnosed severe tongue tie – meaning he physiologically could not latch onto the breast. He underwent a quick procedure to correct it and was able to breast feed immediately. However, the stress and trauma of being unable to feed for the first 5 days of his life meant that my milk supply was abysmal, and he had lost a huge amount of weight. Our stay in hospital was lengthened because of it and I ended up having to play catch up with his feeding.

A torturous schedule was suggested to me of feeding my son half an hour on each breast every 3 hours, day and night. After the hour of feeding him I was to try and express for another half and hour on each side and then feed the expressed milk to my son, prior to settling him and having an hour before starting the whole process again. It is safe to say that I literally lost my mind doing this schedule for the first few months of his life to try and regain the lost weight. At no time was formula feeding suggested.

I became dangerously depressed and suicidal, my husband and family were very concerned for my wellbeing. I was referred by Walker House to the Mother Baby Unit in Hobart but they refused my referral because my husband couldn't take any more time off work and they didn't want me there without him. After six months of severe postnatal depression, low milk supply

and a baby who was now used to sleeping for no more than 40 minutes at a time, I started supplementing with formula. It came with a great amount of shame as the “breast is best” message was very, very clear all along my pregnancy and postnatally. However, as soon as we started formula it was like we had a different baby – one who slept, began gaining weight and sleeping well. I had the painful realisation that I had been starving my baby but that this was deemed more socially appropriate according to the health professionals around me, and that formula feeding was “giving up”.

This experience impacted my desire for further children. We were unsure of having further children and only felt able to try again 4 years later when my mental health was much better placed. I worked hard with my ObGyn and a psychiatrist throughout my next pregnancy to better prepare myself and my mental health. Upon the birth of my second son I felt far more confident and in control of what happened to me, my baby and my body. When my milk supply was low again, I didn’t hesitate to request to start formula feeding. This was positively supported by my ObGyn who suggested I take a medication to dry up my milk supply and avoid mastitis.

The midwife who brought the medication into me arrived at my room and slammed the medication down on the tray table in front of me. I asked her what it was and she said words to the effect of “it’s the medication that will stop you giving your son the best start in life”. Feeling so much more confident this time around, I eagerly scooped up the medication and said a very over the top “oh why thank you so very much” before swallowing it with gusto. Had that happened to me with my first son though, it would have been devastating and potentially have sent me over the edge of my postnatal depression. There is no place for this overt judgment of women in their most vulnerable state.

It is my hope that by making this submission, services for women will improve and women’s health professionals can learn and grow. I would also like to acknowledge that the positive experiences far outweighed the negative during both my obstetric experiences. There are angels that walk amongst us working as midwives within the THS. However, these two experiences had such a profound impact on my experience of motherhood that I felt compelled to write a submission.

Yours sincerely,

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