

**From:** [REDACTED]  
**To:** [Reproductive, Maternal and Paediatric](#)  
**Cc:** [REDACTED]  
**Subject:** Submission  
**Date:** Monday, 16 September 2024 1:55:36 PM

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Dear Secretary

I am writing to the Select Committee about my story of birthing my two children in NW Tasmania. I imagine my story will contrast to almost every other mother's submission.

I consider myself an unfortunate unicorn in the recent era of Tasmanian birthing women. A unicorn, because on two occasions my prenatal care, birthing experience and post-natal support was wholesome, mentally and physically safe, and led to healthy babies, sustained breastfeeding and complete physical recovery. Unfortunate, because I believe this should be the norm, not the exception. I sometimes feel uncomfortable speaking with other women, because my birthing experiences in [REDACTED] and [REDACTED] were so, so lovely.

Here's the thing. My interactions with the Tasmanian public health system were limited through my choice to engage privately practicing midwives for my antenatal care and birth support, providing the essential continuity of care which is so strongly supported by evidence as leading to positive outcomes for mother and baby. With their care and considered management of my pregnancies, I chose to birth both my children at my home in Forth. Both babies were healthy, full-term, and I sustained no tears or injury during their delivery.

With the support of my PPMs, I engaged with the public system to the extent required to ensure my pregnancies were progressing safely & was prepared for a hospital birth at any time if deemed medically necessary. My first baby, a boy, was a 'covid' pregnancy – I fell pregnant 1 month before covid was identified & spent much of my pregnancy relatively isolated due to NW coast lockdowns and the unknown potential impacts on unborn children. I went for scans, blood tests, etc. as per normal recommendations, and when my baby was deemed 'large' according to scans I was pressured by a registrar obstetrician to be induced ahead of 40 weeks, purely based on a scan without even feeling my belly. The induction request was no shock to me, however the way he tried to book me in for a hospital birth in a few days' time without full discussion and, with my husband forced to remain in the car due to covid, without discussion with my partner. I felt very pushed, and if I was lesser informed, I might have gone along with it – however I said I'd call to make a booking and allowed my son to arrive safely at home at 40+6 weeks – landing in my arms at 49<sup>th</sup> percentile for weight. Not big at all, and certainly not needing an induction. My midwives, who had palpated my belly for months, were unsurprised at his size.

My second birth was [REDACTED] and we engaged with the health system as much as needed. My placenta was very low at the first scan, but by late pregnancy it was clear of my cervix. My daughter shifted into transverse position at 39 weeks, but thankfully dropped back into head-down and I avoided a Caesarean section. I was grateful to have the support of my capable, experienced and genuinely caring midwives, and to have had limited dealings with the health system for my second child.

I am the daughter of a lifelong ICU nurse; I have a high regard for the hard-working people

staffing our wards and caring for our community. In choosing my model of care in [REDACTED] I didn't have 'issues' with the health system & at the time believed those within it would be surely working for the betterment of the mother and child. Over four years of discourse with other young mothers, I now know that to be an unjustified view and it grieves me that there are so many women who's journey into parenthood is so tarnished by the way they are treated that I question the validity of calling Tasmania part of a 'developed' nation. For the same period, I've followed the online dialogue regarding homebirth and freebirth, and there is an absolute need to provide greater access to medically safe, midwife-attended homebirth in Australia as the demand is far outstripping supply and, from my observations, leading to more freebirths. I again consider myself so fortunate to have had access to PPMs, both financially and with only a handful available in our state of half a million people.

We can do better for the women who will birth and raise the next generation of Tasmanians.

All in all, I am grateful for my experiences. But I wish I wasn't a unicorn.

Thank you for your time and if you would like clarification on any of my comments please don't hesitate to get in touch.

Kind regards,

**Kaylia Marshall**

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