

Submission to the House of Assembly Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania

September 2024

1. Thank you for the opportunity to make a submission to the House of Assembly Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania. My name is [REDACTED] I wish to make a submission in my capacity as a private individual and consumer.
2. My submission relates to the Terms of Reference, part (a):
 - (ii) maternal health services
 - (vii) paediatric services for children aged 0-5 years; and
 - (viii) the Child Health and Parenting Service (CHaPS).

Background

3. I am a mother of two children born at the Royal Hobart Hospital (RHH) in [REDACTED] and [REDACTED]. Prior to both births I received care within the Tasmanian public health system.
4. I previously worked as a Legal Officer for the Gold Coast Hospital and Health Service. In this role I provided legal and strategic advice to clinicians working in maternal health services, particularly in the areas of risk and patient consent. My experience means I am cognisant of some of the complex challenges facing clinical staff, including the fear of legal repercussions that impacts the way they work.

Maternal health services

5. I received care under the Midwifery Group Practice (MGP) program while pregnant with both of my children. The MGP program was well suited to my circumstances as I experienced low-risk pregnancies and was well supported by family. I was allocated the same primary midwife during both pregnancies and her care was exemplary.
6. The option to have continuity of care in a setting outside of the hospital significantly shifted my perspective of pregnancy, from something medicalised and happening to *me*, to something normal, natural, and empowering. I cannot fault the MGP program and hope it receives the funding it requires to grow so that it can be available to more families.

Paediatric services for children aged 0-5 years

7. Both of my children were born with ankyloglossia, more commonly known as a 'tongue-tie'. This impacted their ability to breastfeed, causing slow weight-gain and

making it difficult for them to settle. It also caused me discomfort as they were not latching properly at the breast.

8. Following the birth of my first child and upon diagnosing the tongue-tie, my midwife referred me to see the lactation consultants at the RHH. The lactation consultant assessed the tongue-tie as severe, meaning it likely impacted oral function and may benefit from being released.
9. The process to have it released required a referral from a General Practitioner to the Paediatric Tongue Tie Clinic at the RHH. The referral seemed superfluous, as most General Practitioners are unlikely to have the specialist knowledge required to advise on newborn tongue-ties. It would make more sense, and be less onerous on new parents, if lactation consultants or midwives could refer directly to the clinic.
10. The clinic is held approximately once per month, and had occurred earlier that week, meaning we had to wait four weeks to be seen. The lactation consultant advised that, in the meantime, I should feed every 2-3 hours and pump in between feeds to ensure my milk supply was not adversely affected. Additionally, I had twice-weekly appointments with my CHaPS nurse who was monitoring my child's weight.
11. This was an exhausting, painful and onerous schedule to endure for over a month. Each time my child was weighed and did not meet the target set, I felt guilty, confused, and hopeless. It significantly impacted my experience of early motherhood and is something that could have been avoided if:
 - a) Paediatric Tongue Tie Clinics were not limited to once per month, and appointments for newborns with severe tongue-ties were prioritised;
 - b) Lactation consultants provided information about private practitioners that could treat tongue-ties if families did not want to wait for the next clinic; and
 - c) Lactation consultants provided more proactive care of mothers and babies while they wait to be seen in the clinic.
12. I received no follow-up care following the release of my child's tongue-tie. Subsequently, we experienced a range of issues related to feeding and I ceased breastfeeding when they were 6 months old.
13. Following the birth of my second child, I was again referred to the lactation consultants at the RHH by my midwife. They were reluctant to see me as my child was less than one week old and therefore had no history of sustained weight loss or poor growth attributable to feeding problems. I advocated strongly for the appointment because I recognised the symptoms of a severe tongue-tie and knew it may be some time before I could be seen in the clinic. I wanted to set myself up for a better breastfeeding experience.
14. At the outset of this appointment, it was evident that the lactation consultant did not believe I should be there. She commented that I needed to 'try harder' at breastfeeding. This caused me significant hurt as I was very passionate about breastfeeding and had worked extremely hard with my first child.
15. I subsequently found a private dentist who was trained and experienced in treating tongue-ties and travelled to Launceston (from Hobart) to be assessed. I then followed

up with a private lactation consultant who I saw for four weeks of post-treatment care. I was fortunate to be in a position where I could pay for private services but recognise that this is not the case for so many families and women who wish to breastfeed.

16. I am deeply concerned that the RHH does not adequately support women to breastfeed. I am unsure whether this is attributable to a lack of funding, staffing shortages or outdated training. In the case of treating tongue-ties, it may also be that staff are fearful of legal repercussions and therefore prefer inaction over treatment.

The Child Health and Parenting Service (CHaPS)

17. I have consistently seen the same CHaPS nurse in relation to both my children. While I cannot criticise her specifically, the service is lacking. I would like to see:
- a) The appointment schedule increased to include routine check-ins at 18 months; and
 - b) A broader discussion of safe sleep that goes beyond SIDS recommendations and recognises that many families will find themselves co-sleeping at some stage (and that therefore includes advice about how to reduce risks while co-sleeping).
18. Regrettably, I was not referred to a parent's group following the birth of my first child. I am unsure whether this was a consequence of COVID-19 restrictions that were in place at the time. I subsequently initiated my own parent's group and cannot express how meaningful it is to have peer support.

Conclusion

19. I trust my submission highlights:
- a) The strength of the MGP program and the value of expanding MGP services;
 - b) The shortcomings of lactation support services at the RHH, including the treatment of tongue-ties; and
 - c) Improvements that can be made to the CHaPS.



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