AUSTRALIAN MEDICAL
ASSOCIATION TASMANIA
ABN 37 008 426 793
T | 61 3 6223 2047
E | ea@amatas.com.au
AMA House, 147 Davey St TAS 7000
PO Box 22 South Hobart TAS 7000
www.amatas.com.au

10 October 2025

Ms Ella Haddad MP
Chair
Select Committee into Reproductive, Maternal and Paediatric Health Services in Tasmania
Parliament House
HOBART TAS 7000

Email: rmphs@parliament.tas.gov.au

Dear Ms Haddad

RE: Invitation to provide a written update to the AMA Tasmania Submission for the Select Committee into Reproductive, Maternal and Paediatric Health Services in Tasmania

Thank you for the opportunity to provide a written update to our AMA Tasmania Submission to the Select Committee into Reproductive, Maternal and Paediatric Health Services in Tasmania noting the delay since we presented to the committee in October of 2024.

Key Issues of Concern to AMA Tasmania

Models of care

Several small audits have assessed variations in patient outcomes between public hospital midwifery care models, comparing scenarios where obstetrician-gynecologist services are accessed through defined criteria and midwife referrals to instances of specialist OBGYN-led care in private healthcare settings.

A sentinel paper was published early this year: ***Maternal and Neonatal Outcomes and Health System Costs in Standard Public Maternity Care Compared to Private Obstetric-- Led Care: A Population-- Level Matched Cohort Study*. Callander et al**

ABSTRACT
Objective: We aimed to compare health outcomes and costs in standard public maternity care compared to private obstetric led maternity care.
Design: Observational study with linked administrative data.
Setting: Australian maternity care.
Population: 867 334 births, covering all births in three states of Australia between 2016 and 2019.
Methods: Standard public care involved mainly fragmented midwifery, obstetric and General Practitioner provider care, with birth in a public hospital. Private obstetric-- led care was led by a personally selected obstetrician, with midwifery involvement and birth in a private hospital. We analysed outcomes from pregnancy onset to 4 weeks post-- birth. Matching was utilised to account for demographic, socio-- economic and clinical characteristics.
Main Outcome Measures: Stillbirths or neonatal deaths; neonatal intensive care admissions; APGAR score < 7 at 5 min; 3rd or 4th degree perineal tears; maternal haemorrhages; mean cost per pregnancy episode.
Results: Higher adverse outcomes in standard public maternity care compared to private obstetric-- led care, including 778 more stillbirths or neonatal deaths (OR 2.0, 95% CI: 1.8–2.1), 2747 more APGAR score < 7 at 5 min (OR 2.0, 95% CI: 2.0–2.1), 3273 more 3rd or 4th degree perineal tears (OR 2.9, 95% CI: 2.7–3.1) and 10 627 additional maternal haemorrhages (OR 2.7, 95% CI: 2.6–2.8). Mode of birth correlated with neonatal death. Mean cost to all funders in Australian dollars per pregnancy

episode was $5929 higher in standard public maternity care.
Conclusion: We have shown significantly lower adverse health outcomes and costs in private obstetric-- led care compared to standard public maternity care.

It is important to note, the population group that experienced higher rates of maternal and/or neonatal adverse outcomes consisted of individuals considered fit, healthy and well, who received expectant management by midwives or standard public maternity care.

AMA Tasmania understands that ongoing shortages of midwives and limited availability of birth suites continue to result in delays to labour inductions for expectant mothers admitted or awaiting induction for clinical reasons. These delays create significant triage and risk management challenges across all levels of care, particularly for those affected patients whose inductions do not proceed as planned. OBGYN trainees, in particular, are required to prioritise and allocate resources rather than proceeding directly with scheduled inductions, thereby increasing the complexity of managing clinical risk.

We also emphasise the importance of providing adequate resources, including qualified staff and appropriate infrastructure, across all levels of public hospital maternity services to effectively meet current and future demand.

The AMA is concerned with the declining birth rates in Tasmania and what this means for service sustainability into the future, particularly in the private sector.

AMA Tasmania is concerned about the terminology used to describe birth trauma and adverse events in recent Australian publications, which appears to attribute responsibility for negative outcomes to medical professionals, such as OBGYNs and paediatricians. These specialists are often involved due to complications that arise antenatally or during labour, necessitating expert assessment or intervention to safeguard the health and welfare of both mother and infant. In urgent, time-sensitive situations, assessments, focused discussions, and consent processes must be conducted swiftly, with resources and lifesaving procedures deployed as required. It is essential that expectant mothers are informed about the possibility that their labour may not follow an uncomplicated vaginal delivery pathway and may require examinations or medically indicated interventions and support.

AMA Tasmania is also concerned about the judgement and commentary directed toward mothers who elect to have a LUSCS rather than a vaginal delivery. The Association advocates for all mothers to be fully apprised of the available options and choices, and to receive sensitive and comprehensive information about both common and rare but significant risks associated with each delivery method. Mothers should be encouraged to discuss these matters openly with their medical OBGYN team.

Northwest specialist OBGYN services are currently operating at reduced FTE and are being supplemented by Locum support, without onsite 24/7 OBGYN or anaesthetic coverage. The private OBGYN service has been suspended for the past 12 months, following the withdrawal of a private OBGYN practitioner, due to ongoing indemnity concerns arising from the continued delivery of NWRH maternity services within the northwest private hospital under the purchased model arrangement. The result is patients preferring private deliveries are travelling to Hobart, or under care of OBGYN in Launceston, delivered at the LGH.

Private midwife-assisted home births are taking place in the Northwest region. Notably, any complications arising from birth trauma, such as third-degree tears, are either managed locally at the North West Regional Hospital (NWRH), or, if surgical intervention is preferred within the private system, are addressed in Launceston.

To the best of our knowledge, private midwife-assisted home births are not currently available in

Southern Tasmania, primarily due to the requirements for Royal Hobart Hospital (RHH) credentialing and integration with RHH Maternity services. While some home birthing does occur, private specialist obstetricians and gynaecologists have expressed no interest in supporting private midwife home birthing, and this position is unlikely to change in the foreseeable future.

AMA Tasmania is aware of several complex obstetric cases that have been escalated from the community for emergency specialist OBGYN management. One notable incident involved a Tasmanian Ambulance response to a rural community in Southern Tasmania, helicopter retrieval, and emergency blood transfusion necessitated by significant hemorrhage during transport. This case was further complicated by the patient's refusal of recommended medical treatment, which delayed definitive emergency intervention until the patient's condition became critical and required urgent care after hours. Such scenarios underscore the substantial resources and additional challenges involved in supporting birthing mothers who decline or resist clinically indicated examinations and interventions when deviations from expected labour progress occur—such as obstructed labour, failure to progress, reduced fetal variability on CTG indicating fetal distress, shoulder dystocia, hemorrhage, retained placenta, perineal tear, and uterine atony. These circumstances highlight the system's need to safely manage such complexities to avoid maternal or neonatal morbidity and mortality, while also addressing the psychological impacts on healthcare providers. Additionally, this situation draws attention to the increased demands placed on the healthcare system when patients make these choices.

The AMA notes that there is limited available data regarding outcomes associated with home births. As a result, this area currently lacks substantial evidence, regulation, and formal reporting of actions and adverse events.

Healthscope's closure of its maternity unit has resulted in private obstetric services being consolidated at Calvary. While the transition has proceeded smoothly, there remains a need for extended strategic discussions regarding the development of a statewide Women's and Children's tertiary hospital, potentially utilising K block infrastructure. This includes consideration of both public and private maternity units being co-located, as well as the possibility of establishing a new, purpose-built birthing centre on site.

AMA Tasmania supports the introduction of the Da Vinci Robot into LGH Surgical Services, including women's health and other surgical departments, and recommends that planning for its implementation should also begin in southern Tasmania.

Paediatric workforce

AMA Tasmania recognises the ongoing shortage of paediatricians and the limited access to paediatric outpatient assessment clinics, including those for neuro-behavioural evaluations. While some aspects of care may be addressed by general practitioners with specialised interests, it remains essential to establish integrated systems that foster collaboration and ensure appropriate follow-up.

Private paediatric services remain limited in the North and Northwest regions, with paediatric MBS item numbers offering insufficient indexation and resulting in low patient rebates relative to the doctors' fees. This situation continues to place significant pressure on paediatric outpatient clinics. Paediatricians observe that follow-up referrals are frequently not scheduled or completed within the recommended timeframe, or do not receive adequate appointment duration due to the necessity of accommodating new referrals. Furthermore, it is unlikely that paediatric FTE has increased to meet rising demand, and current budget constraints appear to be impacting both strategic planning for demand and workforce modelling.

The RHH has also struggled to maintain a full complement of Paediatric intensivists.

Access to Paediatric Surgery, including ENT, remains a challenge, with a substantial portion of Paediatric ENT being outsourced by the THS to private providers. This may change as the RHH ENT specialist workforce expands.

Mental health – mother baby unit

AMA Tasmania has expressed concern that the services and beds previously offered at the mother-baby unit in St Helens Hospital have not yet been fully reinstated.

Home birthing consultation in Tasmania.

AMA Tasmania is finalising its response to the Tasmanian Government's home birthing consultation.

International Audits into outcomes and recommendations.

AMA Tasmania notes that the United Kingdom conducts regular audits and publishes reports on maternal and neonatal outcomes. Formerly referred to as "Saving Mothers' Lives," this initiative is now known as MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK). https://www.npeu.ox.ac.uk/mbrrace-uk/reports/maternal-reports

A review has also been initiated following reports of adverse and preventable outcomes in the UK Maternity Services. More details can be found here: https://www.gov.uk/government/news/14-nhs-trusts-the-focus-of-national-maternity-investigation

Thank you once again for the opportunity to add to our original submission to the committee. We hope these points are of use to the committee in its deliberations.

Yours sincerely

[redacted]

Dr Michael Lumsden-Steel
President, AMA Tasmania

References

1. Maternal and Neonatal Outcomes and Health System Costs in Standard Public Maternity Care Compared to Private Obstetric-Led Care: A Population-Level Matched Cohort Study
2. https://www.gov.uk/government/news/14-nhs-trusts-the-focus-of-national-maternity-investigation