

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: Submission to the Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania
Date: Monday, 16 September 2024 9:01:14 PM

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Dear Secretary

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

I am a 33 year old woman from Hobart, Tasmania and am the mother to a 10-month old daughter. My husband and I elected to receive pregnancy care through the Royal Hobart Hospital and were fortunate to accepted into the Midwifery Group Practice (MGP) model of care.

We made this decision, despite having adequate private health cover, after speaking with several friends who are midwives, in both the public and private sector. We were advised that the best care we could receive in Tasmania was through the RHH, citing lack of OBGYNs on staff at any time in the Hobart Private or Calvary, neonatal intensive care facilities availability and several concerns around the scheduling of caesareans to suit private schedules.

We had a wonderful experience with the MGP model of care - we were looked after by incredibly dedicated, skilled and kind midwives and I cannot praise them highly enough. I had a healthy pregnancy and a beautiful, uncomplicated birth at the RHH. I am very grateful for the care I was able to access and receive.

However, I want it noted that on both occasions I attended the maternity ward at the RHH (for a scan and then the birth) there was chronic understaffing. The midwives on shift were run off their feet and advised us this was a common experience. On the day I gave birth the maternity ward was shockingly understaffed and I was aware of several midwives doing double shifts.

I have also lived with a midwife who worked at the RHH hospital and heard first hand of the chronic short staffing issues. This is a long-term and ongoing problem.

This is unacceptable and we must do better. The staffing levels are unsafe for all involved - the birthing mothers, their babies and the midwives who work tirelessly to provide care to people during an incredibly vulnerable time.

I would also like to share my experience seeing a lactation consultant (LC) at the RHH after my daughter was born. After experiencing some difficulty feeding my baby, our midwife suggested I see a LC at the RHH. I organised this and was grateful to get an appointment. I was shocked at the facilities provided to this crucial service - we saw the LC in a room that

could only be described as a broom cupboard. The baby change 'table' was a mat upon a filing cabinet, there was barely enough room for the four people required, and there wasn't a window or sink. The wonderful LC was apologetic and embarrassed. The inadequate facilities provided by the Department of Health imply a lack of respect and understanding of the importance of post natal care and by extension, a lack of respect and care of new mothers and families.

I imagine you will receive many submissions with horror stories and tragedies and I am grateful to not be in their number. I am aware that this is largely luck and that had I required additional care, particularly during labour, I may not have received it due to a lack of staff. I am deeply grateful to the wonderful staff who cared for me and my family and I hope this enquiry significantly improves their working lives.

In your deliberations, I implore you to remember that at the heart of the chronic under staffing issues, the inadequate facilities, the unnecessary bureaucracy and the trauma lie the people and families of Tasmania who deserve better.

I wish you luck in your work.

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