

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

Email: rmphs@parliament.tas.gov.au

To the Secretary,

I want to thank you for opening submissions to deal with this complex, emotional and extremely personal topic. It is so important and more needs to be done.

I would also like to express my extreme disappointment at the short time frame and limited advertising about this special committee. I was informed by a friend in Brisbane who happened to come across a post from a special interest group on Instagram with 6 days left before submissions close. The timeframe for submissions being open only for three weeks, makes me concerned that the committee is tokenistic and may not be interested in meaningful submissions and engagement from the target audience. Preparing a submission like this, for individuals who are already traumatised, then having to remember / relive it, and write it out, brings up a lot of things. Then on top of that, we are mothers / carers and have a swathe of responsibilities, so barely have time to prepare submissions as it is. This is completely ignorant to the lived experience of individuals and is not trauma informed.

This is only part of my story that I had the time to write and as you read it, I want to acknowledge that I have mostly called out the issues and gaps in services, systems and care. I'd like to think that maybe I was just unlucky to get so many issues happen, but in talking to other pregnant mothers, it's become apparent that this is the norm, and I could not pass up the opportunity to share my experience. My experience has been that of the Swiss Cheese model of a healthcare system.

Our health system has a responsibility to support Tasmanians and, in many circumstances, through limited fault of most staff, the systems they have, the workforce shortages they face, and the lack of patient centred care they are able to offer, are leading to poor outcomes for women and their babies.

The following submission deals with the following services per the terms of reference:

- reproductive health services,
- maternal health services,
- workforce shortages,
- the Child Health and Parenting Service (CHaPS).

The key themes of this submission include:

- Multiple pregnancy losses
- Poor Obstetrician information and interactions after pregnancy losses
- Inability to get into GPs for weeks even during emergency (but not ED level)
- Inadequate access to urgent services including ultrasounds (public and private)
- Poor GP share care and no communication between Tasmanian Healthcare Services and GPs (going to GP and the royal outpatient clinic for the same things, costing both patient and health care services unnecessary expenses and time).

- Poor patient centred care in the RHH outpatient clinic.
- Immature systems and processes in the health system that don't talk to each other.
- Workforce shortages leading to labouring for a time in hallway chairs and with limited midwife contact and the stress of the experience slowing down labour.

Recommendations include:

- Review the timeframes and advertising protocol for special committees into specific topics and consider the target audience in time frames and advertising protocols.
- Compulsory training for all staff involved in maternity services (including administrative, allied health, nursing, medical etc.) on how to deal with pregnancy loss for patients and trauma informed care.
- Review and urgently address staffing levels at the RHH in outpatient and maternity units.
- Improve shared-care pathways with a patient centred approach, including improved communication, clinical information sharing and escalation pathways into the appropriate services to reduce duplications in care and unnecessary investigations/appointments.
- Investigate waitlists for maternity ultrasounds (public and private services) and understand the gap in service needs.
- Address the service gaps in maternity health services.
- Develop an information sheet for pregnant individuals to understand what services they need to interact with week by week, including the purpose of the appointment and outcomes.
- Create digital systems for patients to book and manage outpatient interactions.
- Create waitlists with a prioritisation model applied for education and facility orientation classes. I.e. Breastfeeding classes, tour of birthing suites.
- Increase the number of psychology sessions accessible under Medicare to at least 20 sessions per year.
- Undertake user journey mapping for multiple pregnancy profiles to understand a comprehensive patient journey on the interactions and intersections with the health system, and the supports necessary for the user.
- Patient awareness and education of health issues and resolution pathways (e.g. breastfeeding, mastitis, signs and symptoms in pregnancy to watch out for).
- Educate health professionals on the use of ultrasound with physiotherapists in breaking up blockages in milk ducts.
- Educate pregnant individuals on pathways to care and triage, rather than just repeatedly being told "go to the ED if you have any issues".
- Allow partners to stay overnight (in fold out chairs) on maternity ward to provide support to recovering mothers.

Pregnancy losses

I experienced birth trauma as a result of how I was treated and uninformed. This has given me PTSD, depression and affected me physically, emotionally, psychologically and financially.

I had my first pregnancy in [REDACTED]. I found out during a scan, that I had a missed miscarriage and that there was no heartbeat. It took 2 weeks to get an appointment with a GP, despite explaining the urgency. I was told to just go to the ED if I was worried. I managed to get an appointment in 7 days due to a cancellation, and from that point, it took another 3 weeks to get an appointment in the outpatient clinic. That was four weeks from the time of the ultrasound. It is numbing to exist knowing you no longer have a live baby inside you and your body doesn't miscarry. When I eventually got into

the hospital's outpatient clinic, I had to sit in a waiting room and watch all the wonderfully happily pregnant women with bumps walk past the waiting room while I waited to find out what had to happen to me. My appointment was horrible. I was in tears the whole time. The obstetrician didn't have any paperwork prepared and asked me to repeat everything, despite it being in my notes, and the majority of their advice consisted of trying to find pamphlets. The whole interaction was extremely clinical/medical and completely ignorant of the grief and emotional pain I was experiencing. I was prescribed misoprostol and told to go home, take it before bed, and be sure to have some Panadol handy as it'd be a bit like a bad period. I was then told by the doctor 'not to worry about it, it's sad but it happens... I was young and could try again soon... I'd fall pregnant again and it'd be fine'. I bawled my eyes out as I left the office and went to the chemist for the prescription. It was handed to me in an unmarked box with no information, other than the instructions for use prescribed by the doctor. The chemist asked me what I was taking the medication for... in the middle of a chemist warehouse ... which further made me cry as I explained I had a dead baby inside of me.

I went home and took the prescription as instructed. Let me tell you ... It was **NOT** like a bad period. It was the most excruciating experience of my life so far and I was in no way prepared for the amount of pain, bleeding and recovery that it would take. This occurred over 2 years ago, and I still have flashbacks to the experience. I was inadequately informed of what would happen. I've since learnt that it was labour. I was not aware or mentally, physically and emotionally prepared for what would happen. Since then, I have gone on to have two more unexplained pregnancy losses and due to the PTSD of that experience and the interactions with the obygyn (I keep hearing his words in my mind and flashbacks to the labouring experience at home), I couldn't bear to step foot in the outpatient clinic to seek medical assistance. The indignity that you stay by the toilet while you're bleeding through layers of pads and clothing, and that your fetus will "pass" eventually and be flushed down the toilet like a goldfish ... it is honestly too much to bear.

I had never been to therapy/psychology before and I have desperately needed to access psychological services as I have since been diagnosed with depression and need to process the PTSD. I am trying to deal with it, spending a significant amount of time and income on therapy. There needs to be more than the current number of sessions under Medicare. Psychological services have helped me get out of bed on some days where the depression and anxiety have been debilitating. 10 hours of psychology services a year are not enough to get through what I've been through.

I ended up seeking private support and went to TasOGS where I received the most incredible care and support from Dr [REDACTED] who made space and time for me as a patient and knew what to say in an incredible and supportive environment. My subsequent pregnancy losses were in a completely different and supportive environment that didn't give me flashbacks and were supportive both medically and emotionally.

Pregnancy

My fourth pregnancy came with a significant amount of anxiety due to my previous losses. I had the most incredible care through TasOGS that I opted to go for the GP "shared care" model as I could access my GP promptly when any concerns arose, and they provided additional support. Unfortunately, as the pregnancy progressed, I realised that I wasn't experiencing shared care. I had a double up service in which I'd go to my GP appointments, which ended up costing me thousands of dollars, and then go to the outpatient clinic for another appointment, which covered the exact same thing. I tried to be proactive and when I called the Wellington clinics at the RHH to ask what the purpose of the appointment was, only for the reception / clinic to be unable to tell me, due to admin managing the phones and scheduling, without apparent midwifery input or access. This was

incredibly disappointing and frustrating as the health services weren't at all talking to each other. That appointment at the RHH could have gone to somebody else. Not only is this inefficient, but as an apparent approved model of shared care between public and primary services, this needs serious revision and actual consideration for shared clinical governance and patient centered care.

Every appointment I attended at the RHH outpatient clinic was late (usually an hour) and when I enquired with staff, they informed me they were understaffed (regardless of the clinic type or time). There wasn't one single time at the outpatient clinic where I was seen even remotely close to my appointment time.

At a later stage of the pregnancy, my GP had a concern that bub wasn't growing and needed me to urgently get an outpatient ultrasound. Despite calling all providers across southern Tasmania, there was no availability for up to 12 weeks, with 6 weeks being the soonest I could get in (unless a cancellation came up first). Can you please imagine how stressful and anxiety inducing that is for a patient with suspected complications for their baby. The stress was horrible and until I could get in for an ultrasound, it was not a nice time. There are not enough services for pregnant women, especially as the Tasmanian Health Service relies so heavily on private radiology to meet demand. For a government that has a goal of increasing the population by 2050 under its population strategy, retaining youth and skilled workforces, there seems to be little effort put into the care of its current Tasmanians.

Labour

When I went into labour we attended PAC at 2am in the morning and had some great care, but were told to head home as I'm not far enough to warrant admission. 14 hours later we came back to the hospital as my contractions were very close together. When we arrived we were told we couldn't go into a birthing suite as there weren't any midwives available and we should wait in the hallway. I was waiting out there for an hour with contractions and was told to go into a side room. While there, the in-charge midwife informed me that they would have to wait to see if they'd even have a staff member available for me to go into a birthing suite.

After 4 hours since arriving, I was able to go into a birthing suite. The care and support I received from the midwives from that point was incredible. My labour however was extremely long after that.

After 32 hours labouring, a consultant obstetrician came in and informed me if I wasn't adequately dilated in the next 2 hours, I'd be sent for a caesarean. This stressed me out even more as it put a timer on my labour and I was already exhausted. It wasn't a conversation with me. I was told what would happen. I don't even know his name. This made me feel stressed and out of control of my own care. The baby was delivered a few hours later without surgical intervention.

On the ward

My experience on the ward with a new baby was quite scary. My second night on the ward as I couldn't move and was in extreme pain and recovering I rang the bell as I was suffering from a medical condition with visual changes and after 40 minutes, nobody had answered still. I was calling out for help in my room, but the door was closed, and nobody was coming to help. So, I had to drag myself out of bed, potentially risking falling with my newborn, and try to reach my mobile. I called my husband (we live 30 minutes away from the hospital) and I was panicking, as I had limited vision and my newborn baby in my arms. He suggested I scream out and call for help, so I did again. Nobody came to help me. He was panicking, being far away and scared for his wife and newborn child, and suggested calling the public PAC number on my mobile to get assistance. Thankfully, a

midwife answered in PAC and came over to see me. They were so understaffed and the midwife that saw me wasn't even rostered on the maternity side, but she came anyway. I felt scared, alone, and terrified for the safety of my newborn while I was alone and unable to care for myself, let alone a baby.

I also had issues with breastfeeding. I had cracked and bleeding nipples, and I was just instructed to keep trying. I wasn't taught how to breastfeed, just told that the baby was pinching the nipple and I was doing it wrong. I begged for some shields to help, as I was determined to breastfeed. I was told I wouldn't be given nipple shields as it'd impact breastfeeding success. For a week I had the most intense pain as I was trying to feed my baby and had damaged the nipple. It ended up blistered, bleeding and I had intense pain. It wasn't until I was back home and had the home visit that I was taught how to visit by a beautiful nurse who gave me the time, patience and no judgement. She was the first person to give me the support and advice to use a pump and express, giving the breast time to heal, before I could start again. We have since gotten the skill downpat, but if it wasn't for her support in the home, a week after giving birth, we would have a very different story.

Post-pregnancy

The CHaPS service has been great. I was told repeatedly to call and seek support if I needed by the service. I eventually built up the courage to reach out and ask for help with sleep as the baby wouldn't be put down into a cot. I was sent off for a referral. The next day I was called and told they were so understaffed and wouldn't be able to see me for months. After, the careful support of staff in the community chaps nurses allowed me to be seen in a reasonable time frame. If that is an expected wait time normally, it is completely unreasonable and would have led me to further risk of poorer mental health outcomes. The experience can be summarised as being told repeatedly that support was available, then gathering the courage to ask for it and be told 'actually it's not'. Which is disheartening.

Breastfeeding

I found the breastfeeding classes at RHH to be lacking. There was a captive audience of individuals who wanted to learn *how* to breastfeed, but the education was mostly on breastfeeding and baby bowel habits, and its benefits over bottle feeding. There was also a lot of language used that made participants feel guilty if they weren't able to breastfeed, or wanted to share responsibilities through expressing and bottle feeding. There also wasn't any education on breast care and what to do if you suffered from blocked milk ducts. I had multiple cases about 6 months into motherhood and had no idea what to do, other than go to my GP, which had a 12 day wait for appointments. It was only through explaining my plight to a physio friend, that I was informed ultrasound was an effective method for breaking down blockages. She got me in for an appointment and the issue was resolved rather quickly after that. I also found out there is significant research on it, and it is not being implemented or shared in the health system.