

Submission

Tasmania House of Assembly Select Committee on Reproductive, Maternal and Paediatric Health Services

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to make a submission to the Tasmania House of Assembly Select Committee on Reproductive, Maternal and Paediatric Health Service ('the Committee'), regarding proposed Terms of Reference.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification, and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

Background

In January 2024, RANZCOG was initially invited to, and subsequently did, provide feedback to the Committee. The Committee thereafter ceased at the prorogation of Parliament and dissolution of the House of Assembly on 14 February 2024.

RANZCOG would like to express its sincere support for the reestablishment of the Committee. The College believes that the Committee's comprehensive scope and focus on reproductive, maternal, and paediatric health services are integral to improving healthcare and outcomes for individuals and families in Tasmania.

Specific Feedback

With respect to the draft Terms of Reference, RANZCOG recommends that they be expanded to examine the disparities between maternal, neonatal and paediatric outcomes (physical and psychological) in major hubs like Hobart and Launceston versus rural regions of Tasmania.

Regarding Term of Reference 1(a):

- Consideration should be given to devising strategies to manage the population of obstetric patients who decline components of care, occasioning short or long-term adverse outcome(s) both personally, for their child(ren), and for the health professionals and services assisting them. This patient subset can be highly demanding on hospital resources and caring for them obliges the allocation of limited time and staffing resources that would otherwise be available to assist other patients.
- It is further noted that, in attempting to assist this patient subset, involved staff may experience significant vicarious trauma and distress as they are unable to manage the patient(s) according to evidence-based best practice standards of care. These incidents are common and attract significant adverse publicity.
- Ultrasound services provision is under severe pressure. Shortages of qualified sonographers affect the delivery of services. The consequences of delayed access to ultrasounds leads to further delays in diagnosis of fetal anomalies and growth restriction, with associated consequences, such as forcing women to contemplate the prospect of a late term abortion, or an increased risk of stillbirth.

Regarding Term of Reference 1(b):

- There are no certified urogynaecological services available in Tasmania, rather all urogynaecology in Tasmania are carried out by generalists with a special interest, or patients travel to the mainland. As the Tasmanian population ages there will be increasing demand for this service, and consideration should be given to attracting urogynaecological specialists to the area and/or expanding training opportunities available to the Tasmanian workforce.
- There is inequity in obstetrics and gynaecology service provision across Tasmania, with Hobart and Launceston being relatively well serviced, while the northwest of Tasmania relies almost exclusively on locum support. The Committee should allocate adequate attention to investigating this disparity and recommending solutions.
- The northwest of Tasmania has, reputedly, some of the poorest population health parameters and outcomes in Australia. The lack of adequate workforce, and the structural barriers to attracting and retaining such workforce in the northwest has contributed to the North West Regional Hospital having its RANZCOG training accreditation rescinded, which is a step the College does not take lightly. This persistent workforce inadequacy in the region makes it impossible to meet the required standard for training accreditation at this hospital. Consequently, residents do not have the benefit of consistent and high-quality obstetric and gynaecological care.
- Recruitment and retention of additional fetal medicine specialists to Tasmania is vital. There is currently only one such specialist providing service to the entire state, covering a potential referral population of around 6000 women. A large urban maternity hospital in Melbourne or Sydney may care for an equivalent number of patients, though usually with access to several additional fetal medicine specialists. Relying on one for the entire state of Tasmania causes practical problems, like the inability to take leave of any kind and consequently risking the sustainability of the continuity of this specialist service.
- Additionally, the College understands that there is no central coordination of midwifery care in Tasmania.

Regarding Term of Reference 1(c):

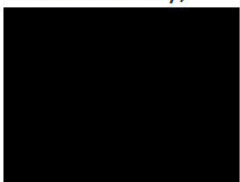
- The College understands that wage disparities may be contributing to some of the workforce issues outlined in our response, primarily with allied health, nursing and midwifery colleagues. This should be considered in the Committee's deliberations.

Summary

RANZCOG appreciates the Committee's dedication to advancing healthcare initiatives in Tasmania, and we look forward to the opportunity to collaborate with the Committee to achieve positive outcomes for the health and well-being of Tasmanians. Without regard to one of the specific Terms of Reference, the College also feels it is important to be mindful of the issue of birth trauma. With the increased focus on Birth Trauma, there should be emphasis on strengthening the provision of Perinatal Mental Health across the State. Furthermore, the College is eager to be actively involved in the future proceedings of the Committee, particularly any public hearings relevant to the Committee's scope and objectives.

RANZCOG acknowledges with thanks, the contributions of Dr Vaishali Bhalerao, Dr Frank Clark, and Dr Lindsay Edwards for this submission.

Yours sincerely,



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Vice-President