

**Submission
No 7**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Partially
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Support for New Parents and Babies in NSW

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

There is a lack of education for all health professionals about the importance of breastfeeding, and how to direct women to get support. This hinders the initiation and longevity of women breastfeeding.

Antenatal Period

- Antenatal education is not effective.
 - The time that hospitals provide to provide care does not allow for adequate education, and due to the volume of mothers utilising the service
 - If antenatal classes are available, they are often too expensive for some participants
 - It is harder to get mothers and their partners to antenatal classes due to their work demands
 - The lack of education has a flow on effect – they do not understand what is normal in labour, and they do not know the basics of breastfeeding which are essential in establishing a full breastmilk supply – this in-turn has negative physical and mental health effects on the health of the mother and baby
 - Caseload midwifery is the best model of care to provide antenatal education as the midwife gets to know the woman and what she wants to know – however there is a high burnout for the Caseload midwives as they are on call almost 24/7
- Women generally do not have a choice in their care provider
 - There are not many options – in hospital women are generally placed under general midwifery care or doctor care for high risk women – these do not provide any continuity of care. Occasionally they may be offered caseload midwifery care. They could also pay for a private obstetrician or a private midwife, however the opportunity to have a private midwife has dramatically decreased due to the lack of government support, even though this has been proven to be a safe form of care.

Intrapartum Period

- Women are generally just expected to do what they are told, they have the lack of ability to voice their opinion.

- Continuity of care improves the care, the care giver is more aligned to the woman. Women are more supported with their choices.
- Women and babies are continuing to be separated after caesarean section births. This has increases the risk for physical and mental health issues for the mother and baby.

Postnatal Period

- Many woman are not given the opportunity to debrief about their birth
- There are no plans for high risk birth alerts which increases the pressure for the already overstretched staff
- Education is not being provided on the postnatal ward due to the lack of educated staff – the lack of midwives
- Women are being sent home from the postnatal ward without even having the first breastfeed, due to the lack of staff and the lack of beds
- When assumptions of care are attended – there is no set structure/plan on how this is to be done safely. This increases the risk to staff, patients and visitors on the ward.
- There are VERY minimal if any specialists available to provide support for infant feeding even though there is the PD for the promotion protection and support of breastfeeding. Sometimes people are going home without even knowing how to safely make a bottle of formula if they are formula feeding.
- NICU
 - There is the lack of opportunities for mums and babies to stay together
 - There generally is no accommodation for parents to be close to their baby
 - Parents are not encouraged to look after their baby – except the basics. They could be taught how to look after their baby under supervision
 - Parents are forced to make unwanted decisions on how to feed their baby as 24/7 breastfeeding is not viable in the NICU due to their being no-where the parents can stay – this in-turn has a negative effect on the maternal breastmilk supply and increases the risk of physical and mental health issues for the mother and her baby
 - There is the lack of promotion and protection of breastfeeding, even for the most vulnerable.
 - There is VERY minimal if any specialists available to provide support for infant feeding
- Community
 - Doctors and Paediatricians do not have up-to-date education on the promotion, protection and support of breastfeeding and infant feeding after 6 months of age – we hear regular stories of Doctors and

Paediatricians just putting babies on formula instead of addressing the real issue, and encouraging solids early – One midwife stated to me that her doctor was telling her her baby was hungry and to start introducing solids at 8 weeks of age.

- Child and Family Health nurses do not have adequate infant feeding knowledge, and specialist help is hard to find in the Community Centers
- It is too expensive to see Paediatric doctors
- Not enough spaces in Tresillian and Karitane
- Not enough Medicare covered specialists to assess and treat tongue ties – which has an impact on safe infant feeding

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

- Mandate that all health professional education on infant feeding practices and on respecting women's choices
- Build NICU's and special care nurseries with parent accommodation
- Have safe plans in place for assumptions of care
- Ensure that women can choose their choice of care whilst in hospital
- Ensure that there are enough trained staff to provide safe care and education
- Ensure that there is enough time is allocated to provide education to parents
- Discover innovative ways to safely train more midwives – as there is a massive shortage worldwide
- Provide services for women to debrief about their birth
- Provide adequate services for one-to-one specialist infant feeding support in the hospitals and in the community
- Build up further tongue tie specialist services
- Mandate that all women remain with their baby – they are not separated – unless it is for essential medical intervention
- Increase continuity of maternal and newborn care until 12 weeks postpartum
- Encourage midwifery in the home

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.

Antenatal Period

- As stated before, the lack of opportunity for parental education

Intrapartum Period

- Being born by caesarean section. This delays the first breastfeed, it interferes with the baby's ability to breastfeed in the first few days after birth as it affects their ability to suck at the breast. This has an impact on the mothers long-term

breastmilk supply, and it increases the risk of the baby being supplemented by formula. This has short and long term negative impacts on both the mother and baby. It also affects maternal-infant bonding.

Postnatal Period

- As stated before, the lack of parent education and support for infant feeding – which causes long and short term negative outcomes for the mother and baby
4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.
 - The “Baby Friendly Health Initiative” is only encouraged in NSW. It is not mandated, and there is no financial support for the same. This means that the Promotion, Protection and Support for breastfeeding is not prioritized. This has short term and long term negative physical and mental effects on both the mother and baby. Breastfeeding saves lives and saves the government lots of money – it should be a priority.
 - Bring in the NZ maternal model of care, where the woman gets to choose who she gets her care from
 - Encourage midwifery/hospital in the home
 - Encourage hospital midwives to attend home births – increasing women’s choice in birth – making it safer – avoiding Free Births
 - Start an Obstetric phone line – as per the UK. They have an equivalent of 000 phone number where women can call, and the woman is triaged to urgent ambulance pick up, an urgent midwife home visit, being encouraged to go to the hospital, or just general advice over the phone. This has been proven to reduce unnecessary hospital visits and has improved maternal and infant care.
 5. Opportunities for new and emerging technology to enhance support for new parents and babies.
 - Provide the opportunity for teleconferencing – e.g. Australian Breastfeeding Association, Medical consults, etc...
 - Develop educational apps that have regular alerts
 6. Any other related matters.