Submission
No 1172

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed
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Partially
Confidential

Submission to The Birth Trauma Inquiry 15/8/2023

My submission is in regards to staffing shortages and my personal experience of burn out.

I am a Registered Nurse, in 2017 I worked briefly in a regional hospital post-natal unit South of Sydney.

While my time there was brief, I was witness to the sheer understaffing of the ward. I believe nurses were employed there to assist with the staffing due to shortage of midwives. The usual shifts I would be partnered with a Registered Midwife to care for 8-10 mothers. While our ratios at the time deemed this appropriate, babies were discounted from ratio numbers. And often we would physically be caring for 16-20 persons between two staff. There was never enough time to support women properly in this unit.

Visiting hours were short and there were strict rules around partners or supports allowed on the unit. Parents missing out on the important moments in the first few days of their child's life and not being able to support their partners who had just been through one of the biggest changes of their life: bringing a child into the world or preparing to bring a child into the world.

Mothers in their first days of motherhood often complained they had been calling staff on a buzzer for 30mins to an hour. This was very emotionally challenging as a care provider not being able to attend to very important needs of women and babies.

Some days women were missing out on the necessary care (I will list only some below)

- Assistance to get up and showered at a decent time after a Caesarean Section
- assistance to attend to their baby when they could not get out of bed
- Emotional support with the adjustment to life with a newborn/or babies in the NICU.
- Mothers calling for assistance for ages to be wheeled around to the NICU to feed their babies
- Initiating breastfeeding with adequate support
- Many women were given bottles of formula and told that this is "just what you have to do, we are busy" which is so fundamentally wrong on so many levels.
- When women or babies were unwell it was physically impossible for staff to provide the minimum care to others on the unit.
- Wanting discharge home but having to wait hours or all day for the "well baby checks" many signing "discharge against medical advice" forms because they wanted to get home where their partner could support them

As I was not a midwife, many of the tasks were not in my scope so often I would do all I could but still I would watch my colleague run off their feet doing all the other tasks. Staff rarely got lunch breaks and always left the shift late.

I started there initially wanting a career in midwifery but never pursuing it because that place made me really overwhelmed and severely burned out. Women were not provided best or safest care in my time there and I felt a lot emotionally. Nurses enter the profession to care for others and working here I was unable to care for people the way they really needed.

I lasted 6 months, developed symptoms of anxiety (which I never had before) resigned and took a casual job at my old ward for a few months while I "recovered" mentally from the stress it caused.

I reflect now, in writing this, on how stressful a time it really was.

When deciding how to birth my child years later, I knew I needed to stay well away from that place. I chose a homebirth with a Private Midwife and was provided with exemplary care. I am aware that the cost of homebirth services is not accessible for all. And that Public Midwifery Group Practice programs are not resourced enough to service our local area – but they should be. Birth outside of the hospital system needs more funding to take the burden off the health service.

Not only for now, but for the future, as our children grow up & the less birth trauma/obstetric violence the less health burden there will be.