

August 2024

Women and Babies at Risk at Royal Hobart Hospital

The Australian Nursing and Midwifery Federation (ANMF) Tasmanian Branch today will write to the Executive Director of Nursing and Chief Executive of the Royal Hobart Hospital seeking urgent action on the dire staffing issues at the Royal Hobart Hospital Maternity Unit which is putting women and their babies at risk.

ANMF Tasmanian Branch Secretary Emily Shepherd said the alarming circumstances have already resulted in severe adverse outcomes for women and their babies despite midwives repeatedly escalating their concerns to internal management.

Some examples of how the dire staffing levels impacting include:

- Women giving birth outside of the birth suite due to missed signs of labour, as regular checks aren't being completed because of staff shortages.
- One midwife couldn't even lay eyes on four patients during her shift due to workload pressures.
- Night shifts are running with three midwives instead of the required nine in some instances.
- Patient ratios have reached 1:13, plus eight babies per midwife on late shifts.
- Babies are losing over 10% of their body weight within the first three days due to infrequent checks and lack of support with breast feeding.
- Increased reliance on formula feeding due to insufficient breastfeeding support from midwives due to workload.
- Babies are not being tagged with their ID due to midwifery workloads.
- Emergency equipment and medications are going unchecked for days due to workloads.
- IV antibiotics are being missed or delayed by more than six hours due to workloads.
- Six women admitted for induction last week were still waiting over the weekend due to insufficient staff to commence the inductions.
- In the pregnancy assessment clinic, one midwife is responsible for 19-25 patients daily, answering 60-80 phone calls, and overseeing high-risk patients in suites 2 and 3 who should be receiving 1:1 care. Alternatively, the midwife could be attending to the clinic and be assigned to patients who have experienced a stillbirth or medical termination. This midwife is counted in direct care hours.
- The ANUM phone is registering 120-160 calls in a 24-hour period.

“These appalling conditions should never have been allowed to eventuate in a maternity unit where the lives of women and their babies depend on sufficient midwifery staffing levels along with their health care colleagues,” Ms Shepherd said.

“The fact the midwives internal escalation of their grave concerns and that quality care delivery is currently often not possible being ignored and not responded to is at best unacceptable’

“The ANMF are demanding a range of immediate solutions, including:

- Immediate filling of all vacancies with agency staff on 12 month contracts to enable continuing of staffing, which is essential in a maternity unit, until all vacancies are filled permanently
- Market allowance application to remaining midwives to keep them at the RHH and to all vacant positions
- Ward aides and ward clerks 24/7 to allow midwives to focus on midwifery care rather than answering the door bell and cleaning the birthing baths in-between women using the birthing suites
- A clinical coach to be immediately implemented to support early career midwives (many have left due to a lack of support)
- Purchasing of private hospital birthing services and post natal beds for low risk mothers.

“The need for safe and quality care delivery for women and their babies in the ante-natal, intrapartum and post natal period can not be overstated and the devastating life long health impacts on women, their babies and their families if quality care is not provided or worse results in adverse outcomes can be catastrophic’

“Irrespective of the budget situation, the Tasmanian Government must fulfill its obligation to provide safe and quality care maternity care to all Tasmanian women.”

If immediate commitment is not received within a week, the ANMF reserves the right to escalate industrial action and lodge a dispute for arbitration in the Industrial Commission.

“End”

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