

# Australia: Obstetricians at Sydney's Blacktown Hospital threaten to resign amid the deaths of four babies in 18 months

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At least 20 senior obstetricians at Blacktown Hospital in western Sydney have threatened to resign in the first week of February 2021 if their concerns about understaffing, lack of experienced staff and access to birthing facilities are not addressed. This followed four unexpected neonatal deaths at the hospital in the past 18 months.

Last Wednesday, a fifth baby died at the hospital. According to the *Australian*, the death occurred after a 39-weeks pregnant mother, who reported feeling unwell, was admitted to hospital and went into labour. Her baby's heartbeat was normal in the morning but by mid-afternoon, clinicians could not find a heartbeat and it was too late for a caesarean section to be performed.

One doctor told the newspaper: "I think it was avoidable... The infant missed out on the opportunity for an emergency caesarean section.

"There are clear system factors involved. The predominant theme is junior staff who are busy, expected to be in more than one place at one time, resulting in a delayed recognition of the severity of the situation... [I]n an ideal world the mother would have been continuously monitored and periodically assessed and she wasn't. I'm sure that was to do with staffing issues."

A root cause analysis performed following the death of another baby, Nigella, at Blacktown Hospital in June, found an almost three-hour delay in performing an emergency c-section and that there was a failure to adequately monitor the cardiotocography showing multiple prolonged drops in Nigella's foetal heartbeat.

The investigation also found that there was no dedicated obstetric theatre in the hospital and that "delayed elective caesarean sections and acute obstetrics and gynaecology surgical work is often deferred until after hours."

According to the report, the doctor covering the unit on the evening shift, which is typically the busiest time for acute cases, "has to absorb the workload of up to four acute services, the operating theatre and any delayed obstetrics

cases." And "at this point of the day... the obstetric unit is effectively being staffed by one registrar or career medical officer and one senior resident or medical officer with a limited specialist skill set."

Blacktown hospital has one of the busiest maternity wards in the state of New South Wales (NSW), delivering some 4,000 babies each year, an increase from around 3,000 in 2017. Despite this, there has been no increase in staff or beds to meet patient numbers, even when a new maternity ward was opened in August 2019.

Obstetricians have said that one of the main issues is the inadequate number of registrars assigned to the hospital's obstetrics service.

A specialist from a hospital in western Sydney told the WSWs: "Blacktown hospital is indicative of a number of problems with medical staffing. The training program for obstetricians and gynaecologists is run out of the major tertiary referral hospitals—Westmead, North Shore, Prince of Wales. What's been happening is that the senior registrars, the more experienced and capable registrars, are being retained at the bigger centres, and the peripheral hospitals like Blacktown are being made do with lesser-trained staff. And it leaves those hospitals without sufficient cover 24 hours a day."

The specialist cited another problem. Much of Blacktown hospital's staffing for obstetricians is done with visiting medical officers—specialists who function as independent contractors, brought into the hospital on a per-procedure basis. This makes it more difficult to build a cohesive department of long-term specialists who are familiar with and dedicated to the hospital.

The doctor added: "[Understaffing] is a vast and unrecognised problem. The government has pared the budget back so much that the fact that the health services still run is really contingent on the good will of some people to just keep turning up to work. There's a huge amount of unpaid work done just to keep everything going. They pared

back the budget and got rid of administrative staff, so the clinicians end up doing the administrative work, as well as teaching and research, and can't do as much clinical work."

Several medicos told the *Sydney Morning Herald* that in response to the threat by obstetricians to resign, the Blacktown Hospital management told the specialists it would contract locum doctors—medical contractors employed through agencies—to fill their positions from February.

Across the state, locums account for some 3.4 percent of full-time equivalent medical staff working in the public health system, according to NSW Health.

The Australian Salaried Medical Offices Federation (ASMOF), also known as the Doctors Union, said it had been "caught off guard," by the senior doctors' decision to resign. Executive director Andrew Holland told Ben Fordham on 2GB radio: "There's been no consultation with us. I don't think it would have been the desired course we would have recommended."

The union plainly has no intention of defending or advancing the demands of doctors. It responded to the crisis by stating that Blacktown Hospital and the Western Local Health District "have committed to having regular Union Consultative meetings with ASMOF" and it will escalate its members' safety concerns "if required."

This was despite ASMOF members reporting unreasonable workloads at Blacktown, with only one trainee doctor covering the Obstetrics and Gynaecology Department on evening and night shifts, with no consultant on weekends.

Furthermore, in a media release, ASMOF admitted that it is, "[A]ware that understaffing is not just limited to the O&G Department and is widespread at the hospital and across the Western Sydney Health District. Our members have described the staffing at Western Sydney as 'shocking.'"

The Western Sydney Health District encompasses areas of severe socio-economic disadvantage, including Blacktown, and has on average lower household incomes, lower levels of education for persons aged 15 and above, and poorer health, compared to Metropolitan Sydney.

Dangerous understaffing in hospitals in NSW and across Australia has been reported for decades. It is the product of ongoing budget cuts to public healthcare and the privatisation of health services, by both state and federal governments, Labor Party and Liberal-National Coalition alike.

All the evidence indicates that the deaths of the five babies were avoidable and are the direct result of these cuts, the responsibility for which lies with the governments that carried them out and the trade unions that suppressed health workers' opposition to them.

The Blacktown Hospital crisis highlights the fragility of

the health system even without a COVID-19 resurgence, which is still possible across Australia.

Nevertheless, governments are using the transfer of hundreds of billions of dollars to corporate Australia via "stimulus packages" to deepen cuts to health and other social spending, for which workers also will have to pay in wage cuts, staffing shortages and increased workloads.

In 2019, the NSW state Liberal-National government rejected calls for increased funding for healthcare and announced it would eliminate up to 3,000 public sector jobs over the next four years to help cut social spending by \$3.2 billion.

The coronavirus pandemic has been used to carry out even greater attacks on workers' pay and conditions. Last Monday, the NSW state cabinet declared it would reduce the annual pay rise cap for public servants, including frontline health workers, from 2.5 percent to 1.5 percent for the next three financial years. That followed an Industrial Relations Commission ruling that public sector workers receive a mere 0.3 percent pay increase this year, instead of the 2.5 percent that was due on July 1.

Throughout the pandemic, the unions—from the Australian Council of Trade Unions down—have collaborated with the employers and state and federal governments to reduce working conditions and slash wages.

The fight for a decent health care system that is able to provide for the needs of the population cannot be advanced through the trade unions or governments, which all serve the interests of the corporate elite. Rank-and-file committees of health workers, completely independent of the unions and the political establishment, should be formed to turn out to other sections of the working class to fight the assault on public health and enforce health and safety conditions in workplaces and hospitals.



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