

Escalating maternity service crisis in Australian public health facilities

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Maternity care in Australia is facing an unprecedented crisis caused by major staffing shortages exacerbated by ongoing government budget cuts and the COVID-19 pandemic, leading to the closure of services, most seriously impacting regional and rural areas. Shortages of midwives are being reported across urban, regional and rural Australia.

Currently the closures are primarily in private hospitals, forcing large numbers of pregnant women to shift to the already burdened and understaffed public healthcare system, which is experiencing burn out and resignations of trained and experienced health care professions.

The latest is the Cairns Private Hospital's closure of its maternity ward. Now due to a nationwide shortage of specialist staff, the Cairns Public Hospital is left to cover maternity services for the remote region of Far North Queensland with a population just under 200,000.

The Australian Broadcasting Corporation (ABC) reported last week that the high cost of private insurance and staffing shortages of midwives, as well as obstetricians and pediatricians, was threatening the closure of the St John of God Hospital in Bunbury in southwest Western Australia. The private hospital has been providing maternity services for nearly a century. Its closure means that the nearest option, apart the local public hospital, is a private hospital 100km away.

In February, Epworth Hospital, a private hospital in Geelong, Victoria announced that it would close its maternity ward the following month due to staff shortages. There were 14 full time equivalent roles vacant in its maternity service, a 44 percent vacancy rate.

This meant that the 100 booked births had to find alternative maternity services and there were only two

other wards available in Geelong at Barwon Health's University Hospital and the private St John of God Hospital. The Geelong region of over 200,000 people about an hour southwest of Melbourne, is expected to see a 46 percent increase in population over the next 20 years.

Recent national data from the Department of Health and Human Services notes that the number of people working in midwifery fell by 1,220 between 2016 and 2022, with the decline across every state and territory. A 2021 survey of 1,000 midwives in Victoria cited by the ABC last month revealed that almost three-quarters were feeling burnt out and 40 percent were considering leaving the profession.

Australian College of Midwives chief midwife Alison Weatherstone recently told the ABC: "Midwives are just scrambling to provide the basic care and can't spend time with women going through breastfeeding or providing postnatal education and support."

Women now accessing maternity services have increasingly complex needs. Women giving birth today are more likely to be older and overweight, which can lead to complications requiring more attention and increased post-natal care, Weatherstone explained.

Anonymous statements published by the ABC paint a grim picture. One midwife from Perth in Western Australia wrote: "We force women to birth quickly because there are no staff to look after them on the night shift... And then in the postnatal period we kick them out before they know how to breastfeed because we have no beds and no staff."

A midwife from Sydney said, "It breaks my heart to imagine a woman I cared for writing to you, describing how neglected she felt on my ward under my care. The system failed us both. I work so bloody hard, and it's not enough."

An Australian Capital Territory midwife wrote: “I work in a public hospital that is in crisis due to lack of staff... I regularly feel complicit in care that harms women.

Commenting on conditions in a New South Wales regional centre, another midwife said: “I have often left my jobs feeling that I have completely failed women in one of the most vulnerable and pivotal times in their life. They’re alive at the end of the shift, but I have been unable to support them as they cried, bring them pain relief on time, do their vital observations... even change the blood-soaked sheets they’re sleeping in.”

Staffing shortages are also putting pressure on post-natal length of stay. Health Department Health data updated in June this year show that the average number of days women spend in hospital following childbirth has steadily declined from 3.0 days in 2011 to 2.5 days in 2021.

The report states that a mother’s post-natal length of stay is related to maternal factors, such as recovery after birth, particularly for caesarean section birth, management of obstetric and maternal health conditions, management of conditions related to the baby and health system factors such as resourcing pressures.

The World Health Organization in 2022 recommend that after an uncomplicated vaginal birth healthy mothers and newborns should receive care in the facility for “at least” 24 hours after birth.

These recommendations state that the aims of post-natal care in hospital are to monitor the mother and baby after birth and to provide mothers and their partners and/or family with advice and support around physical recovery, breastfeeding, parenting skills and linking to supports in the community.

Staffing pressures and pressures on existing services and the consequences of further cuts to hospital budgets will see pressures put on mothers to leave hospital early and not be monitored, potentially leading to increasing complications.

Last week midwives marched on the Queensland parliament denouncing staff shortages and unsafe working conditions with midwives in some facilities forced to care for up to 20 mothers and babies at a time.

The protest was organised by the Queensland Nurses and Midwives Union with demands only relating to the crisis in that state. Demonstrators called for ratios for

inpatient maternity wards, public funding for home births and a workforce plan for midwives, the existing unsafe conditions a result of the union’s previous cost-cutting deals with the government.

Like their counterparts across Australia and internationally, midwives, nurses and other health workers unions have slavishly imposed cuts demanded by governments on behalf of big business. These policies have created an unprecedented and worsening crisis in public health. While midwives, nurses and health care workers are told there is no money for higher staffing levels, Australian governments—Labor and Liberal-National—are spending billions of dollars on the military.

In order to fight for best-practise staffing levels and safe working conditions for health professionals and patients, health workers must take matters into their own hands, through the formation of rank-and-file committees, controlled by workers themselves, and independent of the unions to organise and fight for a socialist perspective where lives take precedence over profits.



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