

Young midwife speaks out about worsening conditions in Australian hospitals

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Serious shortages of midwives are being reported across urban, regional and rural Australia with the number of midwives falling nationally by 1,220 between 2016 and 2022.

Staffing shortages are putting pressure on the quality of care and on post-natal length of stay, leading to increasing health complications for mothers and their babies. In August 2023, midwives marched on Queensland state parliament denouncing shortages and seeking to publicise their dangerous and increasingly difficult work conditions.

The *World Socialist Web Site* recently spoke to a young midwife from a large maternity hospital in Melbourne about the situation. She asked to remain anonymous.

What did you hope for when you became a midwife?

Starting university, I wanted to go into a profession where I could be hands on and work face to face with different types of people, so I felt that midwifery and nursing would allow me to do that. It's a fast-paced job and being young I thought it would be fun and something where I could definitely contribute to society in an impactful way.

How has your actual experience compared with these hopes?

I've been doing this for around a year now and it's just completely not what I thought it was going to be. I was studying during COVID and so I saw what it was like and how COVID affected the workload. I understood before that our health system was under a lot of stress, but COVID made it exceptionally worse.

We have registered undergraduate midwives, basically student midwives that I suppose were funded during COVID. I was doing that before my grad year. You are placed on the ward, or in the birth suite or in the maternity assessment centre. You're basically another set of hands to help the midwives do breastfeeding education, education in general, bathing babies and helping mums get out of bed after their Caesarian sections. The funding for that, however, has been severely cut, which means undergraduate students are unable to get the sort of work they used to when I was doing it.

We no longer have the help that we did before because apparently COVID's "over." This means I'm not able to educate to the best of my abilities and I don't think women and babies are getting the safest care that they should.

We try our best and no one goes into work wanting to be

unsafe or not give the care that they want but it's extremely difficult now because we are completely under the crunch all the time.

I've noticed, and so have a lot of my other colleagues, that a lot of babies and women are coming back and re-presenting after leaving the postnatal ward. This essentially happens because they've been told everything is OK and they can leave at 24 hours, but a lot of women don't establish breast feeding adequately in the hospital.

They sometimes look as though they're doing great and will be fine, so they go home and then realise that breast feeding is really hard, especially when it's your first time. The babies aren't feeding properly, lose weight and end up getting jaundice, and so they come back to hospital. This happens because we're trying to send the women home as we don't have the beds to keep them in for longer.

If they've had a normal vaginal birth, we just assume that everything looks normal, and they can go home. They represent because they haven't had adequate education.

We have this thing called maternity group practice, where some women get chosen to go into a program with the same midwife for their whole journey. These women are very lucky because those midwives end up seeing them for an extra amount of time and they can do a lot of extra home visits. They get that extra help from us.

But women who are in the Core Midwifery see a different midwife all the time and they don't get to know anyone really because we see so many mothers. This is detrimental because we can't spend the time that we want with them. It's just terrible. Everyone should be allowed the same care.

There has been quite a concern by midwives nationally about the question of staffing. Has that affected you?

Yes, 100 percent. Every time I'm on shift, we're asked if someone can stay back and do a double. We've got a Facebook page where we just communicate and organise full shift swaps and things like that but there are times where they'll pop on the page, "Hey, can someone please come in for the PM, we're super desperate, we need people for night shift."

This is really scary to see, especially knowing what a night shift is and how extremely busy it is. We have women who are getting induced and women who spontaneously go into labour.

What can you say to young recruits to midwifery that you're working with?

I always say to the students that I'm taking, "You need to look after your registration. And if you think that something is not safe, you do not have to do it. Always make sure that you're documenting, and it is OK to document that the acuity on the ward is high, that we are understaffed."

Everything should be documented because if something was to happen, it shows that there's a problem in the system. It's got nothing to do with us not wanting to provide adequate care.

The problem is that we can't provide it because we don't have the staff. If they [management] see that we're documenting these things, then hopefully it will do something.

I try not to be a dampener on my students—you need to love your job—but it's hard. We need to fight for better working conditions because it's just not safe as it is.

How should you fight for better working conditions and safety?

Well, there is your scope of practice. If something is too heavy, you have to stand up for yourself and say, "No, I'm not doing that because it's not safe."

I think a lot of people don't realise this and think that the current conditions are normal. You just don't want to be that person who rocks the boat, but we need to tell management that it's not safe and that is hard. You can talk to the union about it, but there's not really been anything that has come to fruition from that.

It has to be a collective fight against this situation but you're saying there is nothing coming out of the union. Why do you think that is?

I personally feel that there hasn't been enough emphasis from the union explaining that all these hospitals in Melbourne are understaffed and that we can't handle the number of patients coming. I don't think there is enough push from them to the hospitals.

What do you think about privatisation in health care generally and midwifery specifically?

I could go on and on and on about that. It's absolutely unfair that the care you get depends on how much money you have. I personally believe that health care should never have been privatised. Everyone deserves to get the same amount of care.

We do research at uni about what the golden standard of care as midwives should be, but we don't produce that in public hospitals because we're not funded for it. We're far behind this considering we are a so-called first world country.

How many midwives are there at your hospital?

I'll say 550 because we've had some new grads come and remain at the hospital, and we've got a lot of casual back-up staff as well.

How many do you think there should be?

We should have many more and a lot of those girls are not permanent. You see the same faces all the time, you see the same faces staying back, but we've got a lot of burnt-out girls,

and it's sad.

Do you think burnout has worsened?

One friend came back, but then left for three months holidays and she told me she almost didn't come back. She only worked there for about two and a half years and was ready to quit her job and that's the general consensus. Many girls decide to study for their masters in maternal child health, or other postgraduate study, because they can't any more deal with being in a hospital. The retention rate is very low unfortunately.

This is common in the nursing profession and also in teaching. The gaps in the system are expected to be sustained by the individual effort of members of the workforce. This is the consequence, massive burnout, poor retention rates, staff shortages unable to be filled. What do you put this down to?

We're not getting paid properly for the amount of work we do. We are very underappreciated in terms of how we get paid and it's the same with teachers. You put your heart and soul into it and your body is physically diminished. The pay just doesn't make sense. I could probably go back to working in retail and probably get the same wages as for the things I'm doing now with a degree. At least in retail I would have a bit more of a mental health break.

A lot of us feel we are not valued for the work we do which is not easy.

We birth babies and need to know many different things but are under-appreciated by the government and made to feel like a no one.

What do you think about the Israeli bombing of hospitals in Gaza?

I'm absolutely devastated. Who is going to look after these people? I just don't understand this. We all need doctors, nurses, midwives and the like but they [the Israeli military] has not just gone and killed many people, but patients and the people who are there to help.

I think it's absolutely disgusting, and I don't understand how people can be so selfish and evil. There is no empathy. There is no sympathy, it's just turn a blind eye as long as you're OK, never mind what happens to these other people. I don't understand how anyone can live with themselves after that. There is blood on their hands.



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