

Re: Tasmania's Child and Youth Wellbeing Strategy

We thank you for the opportunity to make a joint submission to Tasmania's Child and Youth Wellbeing Strategy Discussion Paper.

We wish to address the following excerpt from page 22 of the Discussion Paper, from our perspectives as an obstetrician and a public health researcher working in the antenatal clinics that provide pregnancy care to women at the Royal Hobart Hospital (RHH): *"Scientific research tells us that the social and environmental conditions in which families are conceiving and raising children in the first 1,000 days have a direct impact on child development. Experiences in the first thousand days influence physical and neural development and provide the building blocks for physical and mental health and wellbeing throughout life."*

We make this submission out of concern for the dire needs and lack of appropriate resourcing to best support pregnant women attending RHH antenatal care services.

At the Royal Hobart Hospital in 2020, 656 women attending for antenatal care (approximately one third of all women in 2020) had a history of anxiety and depression. In addition, 50% of women going through the RHH, on average, start their pregnancies already with overweight or obesity. One in every 20 women started pregnancy with class 3 obesity (BMI > 40).

Doctors and midwives working in the antenatal clinics are aware of the complex relationships between mental health and obesity. We are aware that children born to mothers suffering from poor mental health during pregnancy have an increased lifetime risk of both metabolic and psychological disorders. We are aware that obesity, excessive pregnancy weight gain and metabolic dysfunction in pregnancy are associated with an increased risk of pregnancy complications, as well as an increased lifetime risk metabolic and psychological disease for the child. But despite the best efforts of a committed team of antenatal clinicians, we often feel helpless to meaningfully intervene to improve outcomes.

The majority of the morbidity that we are seeing in pregnant women is due to environmental factors: physical, social and economic. These environmental factors are not being addressed at a community level; rather we are expected to do what we can as clinicians at the individual level. We are not adequately resourced even to do this. Antenatal clinicians at the RHH have no access to a dietician, even for women with the most complex needs. We do have an excellent perinatal mental health service for women with acute and complex mental health needs, but we lack the resources or referral options to help women with who may be suffering with more chronic psychological issues.

For many women, pregnancy means they are in contact with the health system where they might otherwise have minimal engagement. This represents a significant opportunity to improve the health and wellbeing of all mothers and their babies, that should be maximised. We are currently in the early stages of a research program which aims to provide RHH obstetric and midwifery staff with the knowledge and skills to help women maintain a healthy lifestyle during pregnancy, with a primary aim of preventing excessive gestational

weight gain. We are hoping these skills will enable staff to make brief but effective interventions as part of their routine care for pregnant women. This seems like the very least we can do to support women and their families in this crucially important window of the first 1000 days of a child's life.

How many more lives could be improved from the very beginning, during pregnancy, if there was adequate resourcing across all Tasmanian publicly funded antenatal care clinics for dietetic, psychological and healthy lifestyle support to be embedded within the clinics and to have viable referral options?

The discussion paper outlines a commendable list of initiatives aimed to support child and youth wellbeing. Our hope is that our submission draws attention to the vital area of need that exists in the first 1000 days of many Tasmanian children's lives. We hope that we see maternal health and wellbeing support prioritised in future initiatives. Ultimately, we wish to see better building blocks enabled to optimise the physical and mental health and wellbeing throughout the lives of Tasmanian children.

With thanks,

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