

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

In 2022, we had the joy of welcoming our daughter into the world. She was delivered at a private hospital in Western Sydney. While we are grateful that we are all in good health, we experienced significant trauma and stress during our time at the hospital.

Choosing a private hospital was a decision made with the expectation of receiving superior care compared to other local options. Unfortunately, our experience did not align with this hope, as we encountered numerous instances where we felt unsafe, unsupported, and at risk.

One major concern was the lack of sufficient midwives and nursing staff available in both the Birth Suite and Maternity ward. This shortage led to unacceptable wait times for assistance when pressing the assistance button, leaving us alone and feeling scared and unsupported during much of the labour process.

Our labour journey began with me experiencing immense pain at home for 36 hours with contractions lasting around three to five minutes each. We reached out to the hospital several times via phone and were eventually asked to come in. After a brief consultation with the midwife, we were given Endone for pain relief and told to go home due to the hospital being "understaffed" and "too busy" for us to stay. Despite the Endone's predicted pain relief duration of a maximum of only 4-hours, we were not offered further pain medication to take home. Unfortunately, the situation worsened, and we returned to the hospital later that evening in significant distress.

Throughout our stay, the nursing and midwifery staff were overwhelmed, leading to multiple instances of forgetfulness and oversight. For example, the birth suite garbage bin was used as a makeshift table for sterile items instead of utilising available trolleys, and used Hypodermic needles were left on food trays and around the room during our stay.

Moreover, certain medical requirements and medications were forgotten despite our reminders. I had to request a drip to ensure I stayed hydrated despite the nurses being aware I had been vomiting regularly for hours and was unable to keep down water and/or ice chips, let alone food. It also took considerable time and repeated reminders before I received the necessary antibiotics during labour. At one point, the IV Cannula was dislodged, causing bleeding, and the replacement process was fraught with difficulties.

The epidural administered during labor did not work correctly, and due to limited nursing staff availability, we struggled to receive timely support. It wasn't until an on-call anaesthetist was brought in that the issue was finally resolved before the emergency c-section took place.

Additionally, we observed a competition for attention among patients due to the staff's busy-ness, impacting the overall quality of care provided. The lactation consultants were dismissive of certain ideas and concepts, denying me access to a nipple shield (which were kept under lock and key!) to alleviate my nipple pain, despite subsequent successful use at home without any complications.

The discharge process was vague and incomplete, leaving us uninformed about available external supports and what steps to take next. Bandages and dressings were not removed as directed by the Obstetrician, necessitating a private nurse's visit to our home. Moreover, there was a miscommunication regarding prescription pain medications, causing unnecessary inconvenience.

By the end of our stay, we were physically and emotionally drained. The birth experience has left me with PTSD, grappling with flashbacks, depression and anxiety. Thankfully, I am receiving ongoing treatment with a psychologist at the Gidget Foundation, which has been instrumental in my recovery and ability to cope with motherhood.

As part of general feedback, we recommend adequate staffing to handle patient transport, clearer and consistent lactation/breastfeeding training for midwives, and better communication with patients regarding their preferences and plans. A more effective triage process during the "at home" portion of labor may also help address patient exhaustion, pain, and trauma earlier on.

We shared these concerns directly with the hospital. While they acknowledged some shortcomings, their version of events did not fully align with our experiences. We believe that addressing the staffing issues may help improve the overall care and prevent similar distressing situations for other families in the future.