

Submission
No 455

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My name is [REDACTED] (34), I live in [REDACTED] and have a 2 year old and an 8 month old.

I gave birth at [REDACTED] Public Hospital in August 2021 and November 2022.

During my first pregnancy in 2021 I was a public patient through [REDACTED] Hospital. I was unsuccessful in being accepted in to the MGP. During this time I found that most of my face to face appointments were often rescheduled to phone appointments within 48 hours of it happening and this was usually sent via a text. I found this to be quite substandard as it was my first pregnancy and just wanted to make sure everything was going the way it was meant to be. I do however note that this was in the peak of COVID and the hospital where probably short staffed. I did manage to get a few face-to-face appointments, but this was only due to an abnormality showing on my 20-week scan (Blakes pouch cyst). I found out about this when my file had been referred to [REDACTED] Hospital after they had called me to schedule another scan up there with the Drs onsite. [REDACTED] Hospital called me two days after I had already spoken with [REDACTED] to discuss my results. This was quite distressing at the time being called by another hospital to schedule a scan. The silver lining was due to this I have additional scans throughout my pregnancy at [REDACTED] Hospital and they were extremely thorough and supportive and informative. Prior to this I was 'unofficially' doing GP shared care as every time my face-to-face appointment was cancelled, I would book in to see my GP instead so that she could check heartbeat etc.

In the lead up to my labour I was scheduled for an induction due to the predicted weight of my baby (4.5kgs). I was asked to arrive at 6am on a Thursday morning to be put on the ward and await further checks. My first check wasn't for a few hours later where the midwife thought she may have broken my water whilst examining me. I then had to wait for a Doctor to assess me and test the fluid which was again not for a few hours later. During this time the midwives and doctors were having trouble deciding if a gel induction was still appropriate for me. After several more hours it was decided that I would have a balloon catheter put in. This did not happen till approx. 1am. During this time I had not slept and felt that there as a lack of direction with my labour and care. I returned to the ward to 'sleep' and then came back in to the birthing suite in the morning once my partner had returned. The catheter was removed approx. 1-2pm. At this stage I was already exhausted and I was put on a drip to start my labour. I opted for an epidural not long after as my body had already given up. I did not progress any further than 5cm in the required time frame and was offered a caesarean at approx. 10pm. I opted for this and was taken in not long after to theatres and my baby was born just after midnight on Saturday morning. By this stage I had been at the hospital for almost two days being 'unsuccessfully induced'.

The doctors and team whom did the caesarean were phenomenal. As my child's lungs had not got going yet, he was taken in to the nursery and put on CPAP. He was also 4.48kgs. The team in the nursery were also sensational.

Upon leaving the hospital I was asked to do a survey, and one of the questions was 'did I feel traumatised'. I had not thought about this, but it did plant a seed in my mind, had I? I had barely processed the fact I had become a mother to really think about if my experience had left me traumatised. At the time I found it bizarre. I was beyond grateful for a healthy child and that is all I was worried about. Unfortunately upon my discharge I did request to leave in the evening but due to staff shortages I did not have the final paperwork until lunch time the next day.

Aside from the COVID component I did feel very underwhelmed with the Midwife Care on the ward provided through [REDACTED] Hospital. The midwives in the clinic always seemed like they were in a rush and due to the fact it wasn't the same midwife, it did make you feel like just a number. Although they were all lovely and very helpful in their own right you could just tell that it was a mess and the wheels had fallen off. There was an obvious disparity between their way of working and the Doctors.

Baby #2

Fortunately and miraculously I was accepted in to the MGP program during my second pregnancy. If I had not have been I would have elected for GP shared care to ensure I had some continuity of care. The MGP program was exceptional. On two occasions I did not see my allocated midwife however she had prepared me that she was not available and another midwife (the same one both times) I saw instead. Through out this pregnancy I was

given the option to have try for a VBAC even though I was less than 18 month between labours. I felt supported, I felt like I had the best coach on my side, I felt human. If I had had another pregnancy as the first I would have lost all faith in [REDACTED] Hospital.

Through out my pregnancy I was always given options and provided with any additional resources I may need. I said from the starts I don't mind how this baby enters the world so long as I am not induced. That was my only criteria, and this was due to pregnancy number one. I felt like I had wasted my energy and could not have provided any more to bring B1 in to this world safely. B2 arrived by elective caesarean with my MGP Midwife by my side. The experience was sensational and luckily far outweighed the disappointment of my first labour. If my labours were in reverse I would definitely have felt traumatised knowing what I do now.

Sadly, the flip side of MGP is that it also made me feel guilty. I felt guilty that I had made this exclusive club that no one seems to be able to get in to. It was traumatising to know most women did not get the attention and care they deserved unless they paid for it.

I can not thank the MGP enough for providing me with the care they did for my second pregnancy. Please make this the standard of care for pregnant women in the public system.