

Submission
No 699

INQUIRY INTO BIRTH TRAUMA

Name: Miss Lucy Parker

Date Received: 15 August 2023

Partially
Confidential

I was incredibly lucky to be able to afford a private midwife to achieve midwifery continuity of care which allowed my baby to be born at home. Unfortunately after he was born, I required a transfer to [REDACTED] Hospital for manual extraction of my placenta.

Within minutes of arriving at [REDACTED] I experienced obstetric violence and coercion. I was pushed backwards onto a bed when I attempted to stand up to go to the bathroom. A catheter was suggested instead, and when I asked if that would hurt, a midwife/nurse laughed at me. I decided against the catheter. A doctor attempted to pull my placenta out (despite me requesting it be done in theatre as it was painful and I could feel it pulling my uterus). When I said it hurt, the same midwife/nurse put the gas over my face and turned it up as high as she could so I would be quiet. The doctor pulled and I bled more - suddenly the room was full of people and panic, and I was taken to theatre.

That night on the ward I noticed my baby was breathing quickly. No one had come to check his obs but as a paramedic I felt comfortable monitoring him myself for a while. Eventually I asked a student midwife to check him as his breathing was becoming laboured. He was then looked at by a few different clinicians and it was decided he should go to NICU. He spent the next 4 days there and became very unwell. It was terrifying and I thought he was going to die.

Throughout this time I was unable to walk due to a significant tear and PPH. I was told not to get up or do anything by myself, I 'just needed to press the buzzer for help' and was told off if I tried to get up. Everytime I did press the buzzer it would take at least half an hour to get someone to help me. This wasn't practical for toileting (particularly given I had sustained a third degree tear) or trying to get to NICU in time for my baby to feed before he fell back asleep. I could see staff were generally trying their best but were completely overrun. Multiple doses of antibiotics were missed and it was constantly a fight to get medication I was charted. My partner tried to help as much as he could but I wanted him to be with our baby and he wasn't allowed on the ward past visiting hours. So at night I would use a wheelchair to wheel myself over to see my baby, it took a very long time and I felt dizzy each time. Each second I wasn't with my baby was torture but I couldn't be out of bed for more than half an hour.

I walked to NICU without the wheelchair for the first time during the night of day 4. I was on my way back to the ward when I felt overwhelmed by the physical exhaustion and again having to leave my baby in NICU. I was crying and struggling to get to my room as I walked past the nurse's station. A nurse watched me walk past as I sobbed, she stared at me but ultimately ignored me. I finally got back to bed and lay alone in the room, I cried until I fell asleep. At no point did anyone offer support or check on me.

I am forever grateful for the opportunity to be cared for by a private midwife, which allowed me to experience the highest quality prenatal/postnatal support and part of my birth at home. Midwifery led continuity of care keeps women and babies safe and leads to better outcomes for families, yet so few have the privilege of accessing it. MGP programs are woefully

underfunded and exclusionary. I am also grateful for the kindness shown by individuals during my time in hospital, however I am traumatised as a result of how I was treated by others. The callousness was shocking and deeply upsetting and I have often struggled to connect and care for my baby as a result of this trauma. Understaffing and burnout has led to a poorly functioning and dangerous public health system which is traumatising women and their families every day.