

Submission
No 715

INQUIRY INTO BIRTH TRAUMA

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Date Received: 14 August 2023

Partially
Confidential

I apologise for typos and the poor editing of my submission, I am very time poor, having two children under two years old and I am writing this in a hurry.

My submission covers experience in the

Local Health District during both of

my pregnancies.

In 2021 I was pregnant with my first child. I attempted to get a place in the Hospital MGP only to not get in and then find I couldn't have any continuity of care through hospital. Subsequently, I was planning a homebirth (with a private midwife to achieve the CoC I so desperately wanted) but at 34 weeks it was found my baby was breech, and that my amniotic fluid was below 5cm AFI.

From that point I went into the nsw health system at public hospital. Ultimately, I agreed to a cesarean at 38 weeks and felt comfortable with that approach. However, shortly before 37 weeks, although nothing changed in the status of my pregnancy (regular checks confirmed everything was on track and, although low, my fluid was stable), I was told that a different consultant was on the antenatal clinic that day and they were not comfortable waiting until 38 weeks and I needed to deliver in 2 days time. I didn't feel comfortable with this and pushed back slightly, I was quite quickly told 'you are risking the still birth of your child by waiting one more week to deliver'. The reason given was the risk my placenta was failing, even though my weekly dopplers indicated fetal function was still good. Out of fear I agreed to the 37 week delivery of my son. He suffered jaundice and significant issues establishing breastfeeding, all common issues with early term babies.

I requested my placenta undergo pathology and it was found to be healthy. I was left upset by this experience, questioning why I couldn't stand up more for myself and my unborn child to allow him to gestate longer. I battled incredibly hard to establish breastfeeding and fortunately was successful, however I was very nearly suffering PND as a result of my experience and the subsequent fall out. My postnatal care in hospital was also disappointing. Though the midwives and nurses are all lovely and working so hard, they are desperately understaffed. As just one example, my screaming newborn needed his first nappy change but I was in the hospital bed, still unable to get up post cesarean, I had rung the bell over an hour ago and no one had come. The lady in the bed next to me who was in preterm labour actually had to change my babies nappy for me (thank gosh for her). On many occasions it was 1 to 2 hours before anyone attended after bell was rung. I was stressed, exhausted and miserable when we were finally discharged at 10.30pm (a ridiculous time to discharge a new mum).

In 2022 I was pregnant again with my second. The intrapartum period was going to be 16 months between births and I desperately wanted to attempt a VBAC. I applied again for Hospital MGP and was this time accepted. I was elated. In my first two appointments I made it known that there was only 16 months from my last birth to the due date of this pregnancy. The mgp midwife said she had checked with a doctor and been told that it was OK for me to attempt VBAC in MGP when I was around 12 weeks or so pregnant. Unfortunately at 20 weeks pregnant this was withdrawn and I was removed from the mgp. I was told my midwife had 'asked the wrong doctor' and that the correct mgp doctor did not agree to me being in the program. Incredibly

upset at losing continuity of care I experienced a total loss of trust with [redacted] Hospital and so I chose to seek care from [redacted] hospital instead. I made contact with the antenatal clinic at 21/22 weeks pregnant.

I was very clear with [redacted] from the start about my desire to pursue a VBAC. [redacted] was well aware that my intrapartum gap was 16.5 months throughout all discussions. I had multiple appointments with my midwife and also saw a locum obstetrician, all aware of my desire to vbac. At 34 weeks I saw the registrar obstetrician who spoke with the consultant and informed me [redacted] could not support a vbac for my circumstances (less than 18 months between deliveries) and that to continue in care at [redacted] I would need to agree to a 39 weeks ERCS. I was told this was 'policy' due to the hospital's lower risk rating. I could not believe that after 12 weeks of care with [redacted] I was yet again having the rug pulled out from underneath me. I could not believe the sheer lack of communication, that in both cases 'policy' was in place that I was not informed of until week into care.

Incredibly stressed and 34 weeks pregnant I re-engaged with [redacted] hospital. The consultant agreed I could attempt vbac and could gestate to 41 weeks. From there I saw a different obstetrician each week their the antenatal clinic (because there is no continuity of care whatsoever outside of the mgp) and one of them tried to again push me into an ERCS, telling me my scar was 'too thin'. In the end I contacted the [redacted] hospital at [redacted] and spoke to their nbac consultant, who put notes on my file that I was at no increased risk of uterine rupture until labour commenced and there was therefore no reason to pressure me into any earlier delivery, and that gestating to 41+3 would be fine.

After that things went better at [redacted] and I was overall happy with my end of pregnancy and attempt for vbac (I didn't go into labour and needed another c section which I had at 41+4). However the fact I had to fight tooth and nail right up to about 36/7 weeks pregnant is not ok and added a huge amount of stress to my pregnancy.