

Submission
No 899

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

14 August 2023

Dear Members of the Select Committee,

RE: Submission previously submitted in ACT Inquiry into Maternity Services in the ACT

Please find enclosed my submission into the Select Committee on Birth Trauma. The submission has been previously lodged in 2018 with the ACT Inquiry into Maternity Services in the ACT. I am resubmitting because I am dissatisfied with the inaction about my specific concerns (understaffing) that has followed the Inquiry.

After my experience delivering at _____, my husband and I attended a debrief with a senior member of staff in _____ Maternity Ward. We were told that the delays, lack of information, inconsistent care and poor support both leading up to and over the days of delivery was due to insufficient staff at _____. There was, at the time of delivery, an entirely unstaffed floor, within the Maternity Ward. I waited in hospital for 2 days before my induction was commenced. I was told “women keep coming in, in labour” (midwife, Hospital, March 2018), and my induction required 1:1 care. My baby was late and hospital policy required babies be induced at 40+10 (my baby was induced at 40+9 technically, and properly at 40+11).

The Report on Inquiry into Maternity Services in the ACT made 74 recommendations to Maternity Services in the ACT. The ACT Government response accepted or accepted in principle most of these recommendations. However, reviewing the Government response, Ministerial Correspondence and a recent article by ABCⁱ, there evidently remains a lack of adequate care at _____ Hospital for women and their babies.

I make this submission to the Select Committee on Birth Trauma in the hope that this spotlight on birth trauma means rapid and widespread improvements to maternity services throughout Australia.

Regards

ⁱ 'New report details poor training, workplace culture within department', Burnside, Niki, 1st August 2023.



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES

Ms Bec Cody MLA (Chair), Mrs Vicky Dunne MLA (Deputy Chair)

Ms Caroline Le Couteur MLA

Submission Cover Sheet

Inquiry into Maternity Services in the ACT

Submission Number: 05

Date Authorised for Publication: 11.12.2018

5th December, 2018

Dear Sir or Madam,

On March 24, 2018 [REDACTED] gave birth to a beautiful, healthy boy at the Birth Suite (we did not make it into the catch program). He is everything we ever dreamed of and we thank all the staff at [REDACTED] for their role in that. However, after 8 months, [REDACTED] still experiences regular, debilitating pain. We have spent around \$6,000 on appointments with doctors and physiotherapists, flights and massages. The main issue, of course, is the pain, which we believe could have been avoided entirely, had [REDACTED] received proper and timely care under the ACT Health System. Overall, we would describe the experience as difficult, confusing and, ultimately traumatising, despite the best efforts of your individually professional and empathetic staff.

It began at around 36 weeks when, during a visit to an ACT midwife, we were told our baby was a bit on the small side and [REDACTED] AFI (amniotic fluid) was low. We were aware this could be a problematic combination. We decided to seek a second opinion from a family recommended Obstetrician [REDACTED] and he told us it would be safest to induce at 38 weeks, but that it was likely the baby would come before then. This recommendation (of an induction at 38 weeks) was endorsed during two subsequent visits to [REDACTED]. As the date approached, we braced ourselves for an induction.

However, when we went to [REDACTED] at 38 weeks, after emotionally preparing ourselves and [REDACTED] finishing up at work, a third obstetrician told us the baby and AFI levels were borderline but fine and there was no need to induce. We questioned this opinion repeatedly and even asked her to check with the senior obstetrician, [REDACTED], at the hospital. When she returned, she told us [REDACTED] agreed with her. We were to wait.

For almost four more weeks, we went back and forth between [REDACTED], our GP, various midwives and imaging services. On average [REDACTED] had an appointment to attend every three days. It was exhausting. At 40 weeks, [REDACTED] saw an obstetrician at [REDACTED], who later told us he remembers seeing [REDACTED] and thinking "why is the woman still pregnant?". He mentioned his recollection several weeks after the delivery during a debrief session at [REDACTED]. During the debrief he told us the reason for the delay was simply that the hospital didn't have staff or the beds to induce safely and he apologised on behalf of the hospital for the confusion and frustration we experienced.

By the time we arrived at the hospital for induction at 2pm on March 22nd, at 41 weeks and 2 days, the finish line had been moved multiple times. We were emotionally exhausted before the main event even started.

On the first day we were moved between 3 different beds in 3 different rooms. [REDACTED] was told she wouldn't be induced immediately. The AFI measured a 3 and we had been told throughout the last 4 weeks that below a 5 was dangerous. We raised this point repeatedly and sought to understand what the plan was. We asked several times which method of induction would be implemented and were told different things with little certainty over the

initial 8 hours. We believe this is because there were not enough staff on hand to induce the baby.

In the end, [REDACTED] had a balloon inserted, which was very painful, even though we were told it rarely leads to labour. We spent the night in a brand new ward, the Birth Centre, that was completely empty. Not a single other patient or member of staff there, other than us. It was bizarre and frustrating to us that there were more than a dozen empty beds, but apparently no staff available to deliver our baby.

The next morning we were moved to a fourth bed in a fourth room. As each new shift of midwives and doctors arrived we were given vague hope that the induction would happen when the next shift started. When each new shift started, the process was repeated. Our frustration was exacerbated by the lack of solid information, and especially by one midwife who, when we pressed for information about the delay, told [REDACTED] "don't you think it would be better to just wait and give birth naturally, without an induction?". Of course we would have preferred that, but we were now at close to 42 weeks and we were in hospital for the very purpose of having an induction.

We spent a second night at the hospital, with no induction. Now we were physically exhausted as well. Finally, on morning of the third day, [REDACTED] waters were broken and the induction drugs were given a few hours later.

Most of the labour (when it finally happened) was very positive. The midwives were truly wonderful and [REDACTED] was able relax. Things took a bad turn though when the big "final" push didn't produce a baby. We're not sure on the timing of all this, but around 2 hours later, forceps and an episiotomy were required because the baby was getting tired and his heartrate wasn't bouncing back after each contraction. Clearly, things were a little tense and had to move quickly at that point, but a few things could have made the experience a lot more bearable.

Our obstetrician, [REDACTED], failed to introduce himself by name and never referred directly to [REDACTED] by name, only referring to "the patient" when talking to the handful of medical students he had in tow. Of course, he must train the next generation, but we felt a bit left out at times. The forceps and delivery were very painful and traumatising. Our baby needed oxygen and when (out of our sight) he gave a gargling scream, which to us sounded quite alarming, [REDACTED] remarked "Sounds like he's been out on the piss!" in reference to the vomiting sounds our baby was making. When stitching [REDACTED] up, she expressed pain one stage during the stitches and he dismissed this, ignoring [REDACTED], but telling the students that various women sometimes claimed that this area was sensitive, but that there weren't many nerve endings there so any pain sensation was impossible.

Because of all of this, we weren't excited about seeing [REDACTED] again the next day. [REDACTED] was experiencing severe pain, despite strong painkillers. He recommended another internal examination to check the site of the episiotomy and rule out any infection. When [REDACTED] told him she would prefer to forgo the internal examination and asked him for an external examination instead, [REDACTED] remarked "Oh yes, you have problems with that

(internals) don't you." Perhaps this is a minor sounding comment, but after a very traumatic birth, he completely missed the point, in a rather insensitive way.

[redacted] was unable to sit at all for the first four weeks after the birth. The only way she could get through the day was a combination of Tremadol (which she knew would transmit to the baby through breast milk) as well as ibuprofen and Panadol. She was taking all 3 at the maximum daily dose. It took more than 3 months for her be able to sit down for any length of time. Now, eight months on she still can't even contemplate any significant physical exertion. Even without pushing herself, [redacted] regularly has days and sometimes weeks of constant pain. This is exhausting.

After speaking with multiple specialists, we are firmly of the belief most of this pain and trauma could have been avoided, had [redacted] given birth at 38 weeks, as recommended initially by [redacted]. Moreso, we believe, indeed we were told outright, the delay was not best practice medical care and was in fact caused by understaffing at Hospital.

We are not complainers. Neither of us have ever written to any such inquiry, or even written so much as a letter to the editor. We merely hope, sincerely, this information will go some way in improving conditions in ACT Health so that other families can avoid the same difficulties.

Thank you for your time and consideration.

[redacted]

[redacted]

[redacted]

[redacted]