

Submission
No 1123

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I live in regional NSW but gave birth to my first child in the ACT, at the [redacted] Hospital in December 2021. I had an uncomplicated pregnancy until I went into pre-term labour at 34 weeks. I have tried to summarise as best I can below, the failings in the care my family and I received.

- When I went into labour, I was 2.5 hours away from the hospital I had been attending in [redacted]. [redacted] hospital was halfway between us and [redacted] hospital, and the midwives there said if we were concerned, we should stop in at [redacted]. We did this, however were told from the carpark that if I didn't feel like I was going to have the baby before we got to [redacted] hospital, that we should just carry on because I would likely have to be transferred to [redacted] hospital anyway. As a first-time mother in pre-term labour, I had no idea whether I would give birth before reaching [redacted] hospital or not.
- I was transferred to the [redacted] from [redacted] because the baby was in a breech presentation and I was in pre-term labour. At 5cm dilation, I was advised to have a caesarean section because the staff were concerned that at that gestation, the baby's head would be bigger than it's body, and might get stuck if I attempted a vaginal delivery. Scared, unsure and in shock, I agreed to the caesarean section. I believe the staff did not have the requisite expertise, knowledge or confidence to assist me in attempting a vaginal delivery. I could have avoided major abdominal surgery if the staff were properly trained/equipped.
- Given the baby's gestation, she was taken to the Special Care unit (SCU). My husband had to fight incredibly hard for me to even be allowed to see my baby even very briefly after she was born in theatre before being taken to the SCU. I will be forever grateful for his advocacy for me in those moments so I could meet our daughter before she was whisked away. I was then taken to recovery where I waited by myself. No one could inform me the status of my new baby. I was eventually taken to the post-natal ward, where no-one immediately offered to take me to see my baby in the SCU, which was on a different level and unit of the hospital. We waited over an hour for a wheelchair to be available. Unfortunately, my husband was on crutches, having had ankle surgery just 5 days before and he was not able to push me in a wheelchair and we had to wait longer for a Wards person to be available to take me up to see my baby. This was a continuing theme during our 3 night stay at the hospital – wheelchairs and Wards persons in very limited supply, which meant I had to sometimes wait up to 2 hours to be able to be taken to see my baby in SCU. My husband took it upon himself to push me in the wheelchair to SCU, despite being on crutches himself. On each occasion we would walk past many hospital staff who never offered to help, despite seeing my husband struggling in what was actually a very unsafe situation.
- I gave birth over the Christmas/New Year period and observed that a number of the nursing staff were casual nurses not ordinarily employed by the hospital. I believe this framed their care – I asked one nurse what the particular drugs that they were administering to me were for, and why I was being given them. The nurse told me that she didn't know, just that the Doctor had told her to administer them to me. She only ever came in when she needed to, never to just check in on me or ask about my welfare.
- When being discharged, as I had been visiting my baby in the SCU and was not on the post-natal ward during usual ward rounds, I had an extremely rushed visit from the discharging doctor, where she could not speak fast enough in order to discharge me, and couldn't answer my questions fully, or at a pace appropriate for someone still in pain, requiring medical attention. When I asked questions, it was clear I got a response that was just

intended to pacify me, and not with a view to re-assuring me or alleviating any of my concerns.

- During our visits to our baby in SCU, we were encouraged not to hold or hug our baby very much, because given her age, she would get tired very easily and it was best to mostly leave her in the cot so she could rest. This was also the case for breastfeeding – she was being fed every 3 hours, and I was discouraged from trying to breastfeed her, where instead the nurses preferred to administer her milk through the nasal gastric tube (NGT), as this would not tire her out. I regret immensely not holding my baby as much as I could whilst in the hospital with her – because of what the nurses had said, I felt like I was putting her health at risk by holding her close to me. I know now, of course, that this cannot be further from the truth and that parent and baby skin-to-skin is so vitally important at all times, to both father and child.
- The day after I was discharged from the _____, our baby was spontaneously transferred to another hospital, with less than an hour's notice. As somebody who would not be able to drive for 6 weeks and with a husband who could not drive for much longer than that, the prospect that our baby was going to be in a hospital more than 30 minutes away from our house seemed overwhelming. Luckily, we had family that could uproot their lives and take care of our transport needs during the time our baby was in SCU. It was also distressing that even though we had been advised not to hold our baby or disrupt her very much, there was no concerns from the hospital about bundling her into an ambulance and for her to go through all the disturbance of getting to, arriving at and being settled in another hospital with a new environment, staff, etc.
- The midwives would never give us an indication of when our baby would be able to come home. Or what it was she needed to be able to demonstrate she could do in order to come home. I.e., we were not told the “what, why, or when”. It was clear our baby was developing well, and weight gain was the only item of concern, even though she was meeting all of the hospital's requirements and putting on weight really well. She was just small because she was born young. She was eventually discharged nearly 3 weeks after her birth, just before 37 weeks gestation. Because of the Christmas/New Year holiday, the Doctor ward rounds were disrupted and we rarely saw the same doctor twice. We only saw the Doctor responsible for our baby's care once before discharge, despite making sure we were at the hospital when the Doctor would do his rounds every day. I believe our baby was only discharged when she was because I made a point of visiting the Doctor's rooms in a completely different building of the hospital complex to ask if I could speak to the Doctor directly. The receptionist phoned the Doctor (who was in his office at the time, in a room down the corridor from where I was), who advised he wouldn't be able to speak to me, and he couldn't advise when she would be discharged. He told the receptionist, instructing her not to tell me, that it wouldn't be long before my baby was discharged at all. Thank goodness the receptionist had the kindness in her heart and relayed this to me. I cannot understand why the Doctor would tell the receptionist that information, and explicitly direct her not to tell the mother of the baby he was referring to.
- I was not offered my placenta by the hospital after the birth or before discharge. When I enquired about it less than a week from the delivery date, I was told it was likely destroyed. Surprisingly, I got a phone call nine months later, in September 2022 to advise that the hospital had my placenta and would I like to collect it. I thought at first they must have had the wrong patient's data, to be calling 9 months later.

Despite all of the incidents mentioned above, my overwhelming source of trauma resulting from the birth of my first child is the fact that we were separated from birth until she was discharged home, almost 3 weeks later. I was discharged from less than 72 hours after giving birth, and was told the hospital was not a hotel where they could just hold rooms for mothers to stay in while they “visited” their babies. I do not need to recite the research here about the absolute vital importance of mothers remaining with their babies, and not to be separated in any way, and especially for such a length of time. Our healthcare system needs to be able to facilitate mothers staying with their babies, no matter the circumstances, and should especially be the case if the baby is in the SCU or NICU. We need to make this a priority going forward, and find the funding to do so. This is absolutely imperative.