Submission No 1068

INQUIRY INTO BIRTH TRAUMA

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My name is Jessica Raneri I want to share my trauma story from when I had a missed miscarriage and my experience dealing with Hospital.

My story

I had an ultrasound and found a heartbeat at 6.6 weeks. Around 10 weeks I started spotting and at 11 weeks it was getting darker. The midwife suggested I present at ED in order to get an ultra sound immediately. I presented at the ED, was treated incredibly in humanely, left waiting in the waiting room for 8 hours before finally seeing a doctor around 2am in the morning who said 'we don't have ultra sound equipment here, we cannot help you'. Needless to say, I was devastated – all I wanted was an answer to the question 'is my baby dead?'. Despite me telling the nurses several times, all I want to know is my baby OK and if the DR cant tell me then I'll leave. They lead me on – and kept me there to only provide no answers. I was given a referral to EPAS and told to be there first think in the morning at 7.30 as it's first in first served. After have very little sleep after leaving the hospital at 2.30 we presented at EPAS 7.30. we waited 3 hours to be seen to be told – we cant give you an ultra sound here, you need to go to a private ultra sound clinic. We had called these clinics the day before and no one could fit us in for a week. No one should have to wait a week to know if their baby is dead.

So we left, desperate. With a booking for a weeks time at a local ultra sound clinic – the earliest we could find after calling 15 clinics. Later the next day I started to haemorrhage – I couldn't even make it to the bathroom in time. The midwife had advised to present to ED if I was having to change a super pad every hour – I was going through nighttime pads every 15 min with massive clots.

So we went to the ED clinic and again were treated completely indifferently. Left to wait in the general room for another 7 hours whilst I was bleeding everywhere. Crying. The woman behind me was pregnant and the nurse who triaged me came over to her congratulating her and I had to listen to them go on about how happy and excited they were. We were devastated, exhausted and just wanted answers. Our requests to be moved somewhere a bit more private were denied.

At about 5 hours of waiting the bleeding stopped, and I figured I had passed my baby – mainly in the hospital toilet and waiting room.

I notified the nurses I was leaving who informed us we were next to see the doctor. 45 min later I tried to leave again, at this point devastated and crying. Again I was told I would be seen next. Another 50 min passed and finally we saw a doctor. At least this time she was compassionate, apologised and offered to use the ultra sound machine even though she wasn't trained. She explained that she couldn't see a sack or stem and most likely had passed the baby.

The lack of compassion, understanding and humanity I received throughout the public system at every single step of the way was incredible. At no point did anyway discuss grief counselling or miscarriage services – luckily I'm smart enough to have found them myself. The trauma from losing my baby was bad enough but honestly – the trauma I experienced having to deal with the public hospital system 3 times is what broke me. This was nearly a year ago and I still have dealing with this trauma with counselling, and it still brings me to tears.

Women and their partners deserve better. Our lost babies deserve better.

Our health system needs to do better.

Potential Solutions

The ED could have listened to me, when I requested to let me know if they could not let me know if my baby was alive. I could have passed my baby in the safety of my home.

The ED doctors and nurses could have showed me compassion and understanding, given us a chair out the back whilst we waited, or simply refrained from celebrating another women's pregnancy directly behind me.

The DR could have known that EPAS could not provide an ultra sound, and saved me the time and energy to repeat waiting for no help. Or even better, EPAS could have just made the ultra sound happen.

The ED could have had an ultrasound technician available on call. Or the Dr from the first visit could have done what the second one did – and tried herself.

Anyone, at any step of the way could have guided me on where to seek support services.

Evidence

I would be willing to provide evidence at a hearing.