

Submission
No 1105

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

Hello Emma Hurst, Susan Carter & the other committee members.

My name is Madeline Kavanagh and I wish to share my family's story & experience regarding our birth trauma. Today I would like to share with you my story and I feel my story best relates to:

"(1) That a select committee be established to inquire into and report on birth trauma, and in particular:

- *(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short- and long-term impacts on patients and their families and health workers.*
- *(d) exacerbating factors in delivering and accessing maternity care that impact on birth trauma generally, but also in particular:
 - o *(i) people in regional, rural and remote New South Wales,**
- *(e) the role and importance of "informed choice" in maternity care,*
- *(f) barriers to the provision of "continuity of care" in maternity care,*
- *(g) the information available to patients regarding maternity care options prior to and during their care,*
- *(j) any other related matter. "*

My story

In our experience birth trauma effects not only the mother, but also the father, children and other close family members. I became pregnant in 2021 and my daughter came into the world in 2022. I had a very rough pregnancy, birth and post care. My pregnancy involved being sick every day since the 6-week gestation. I was told it was normal from my doctor and dismissed with nausea tablets that didn't work. My midwife was caring and tried to provide me as much as information as I can about choices. But our time was limited. Appointments were pushed back due to lack of staff or time. I feel we missed out what should or shouldn't be normal or expected in a pregnancy/birth.

My birth trauma really started during the 33-week gestation period. I got very sick and went to the emergency room. It was busy and there were no beds available. After five hours I was looked at on a chair in the waiting room. I had high blood pressure, given IV drips, checked the baby was alive and moving, then set home being told it was gastro. It felt very in and out.

In review later with my new doctor, my bloods were showing signs of serious preeclampsia, which was missed due to rushed overworked staff. At the time I felt dismissed, that this must be normal, and I should just put up with this. But in reality, I should have been placed on bed rest, sent from emergency to hospital and my blood pressure monitored. They didn't follow protocol and it almost killed me and my unborn daughter. Unfortunately, birth unit didn't exist at the time and still doesn't, so families must travel to .

One week later at 34-week gestation I went to hospital. I couldn't feel my baby girl my blood pressure was extremely high, and I was scared. I was told that I have preeclampsia and HELLP syndrome. I was told that the baby needed to come now. That I was too sick, and I wouldn't survive the trip by air from to or . I had no choice. I was knocked out and had my daughter through emergency caesarean. My husband was not allowed in the room as my condition was too serious. He had to sit alone, crying in the birth suite I had just left, not knowing if he would see me again. Both of us missed out on our daughter's birth. I woke up in ICU, away from my daughter and husband, alone. They were in the NICU. I met my daughter the day after her birth.

In my three days stay in the ICU. I contracted a staphylococcus infection in an IV drip on my left hand. I lost movement of my fingers and my wrist for that time period. I was put on antibiotics. My 1 week stay I could have had, turned into two weeks stay at hospital and 4 extra days of at home nursing. I had lots of ultrasounds and x-rays of my wrist and heart, as well as a new permanent IV drip in my right arm through to my heart. I was constantly being taken away for another scan or something else, sometimes I wasn't even told what it was they were doing. This would constantly take me away from time I could be spending with my daughter.

During this time, I would get comments from hospital staff asking where my baby was, stories on their birth and comments on how I was being too lazy to produce milk, which hurt. In the maternity ward I could hear other mothers and babies together happy. When I was too sick again and needed one on one nursing a second time, the ICU was full, so I was taken to the birthing suite instead for care. The birth suite I idolised having my daughter's birth in but then never obtained. It was all torture. I couldn't stand, walk or shower myself. I was separated from my husband and daughter for the two weeks at hospital only being able to visit briefly between IV drip changes & scan visits. Seeing my daughter with an IV drip, small and fragile, scared me. Thankfully my husband was able to stay with her the whole time as there was a bed in her room, which we were so thankful for.

My daughter was discharged before me. I was in limbo as I needed at home nursing for my antibiotic IV drip/infuser, but there were no nurses available for at home nursing. So, I was taking up space in the hospital, costing the government money and taking up a bed that could have been used for another patient until four days before the end of my treatment. Eventually a spot came available for at home nursing.

After we were discharged my daughter and I had in between 3-7 doctors' visits a week for two months, with monthly checks for up to a year later due to ongoing birth related complications. I am still undergoing therapy with a family therapist. My midwifery team after birth was minimal. It was disappointing feeling forgotten. Our families' lives have changed dramatically and after this experience we don't think we will have more kids. My husband and I have been affected deeply. Both of us have nightmares and struggle to watch birth related stories and entertainment. Economically we have been affected with increased bill for therapy, medication, transportation to and my delay in going back to work.

My belief

I honestly believe that if midwife's and doctors had more time or additional help during my sessions. My symptoms of preeclampsia or HELLP could have been picked earlier rather than dismissed as normal. I believe that increasing staff ratios will decrease tiredness and burnout. In turn patients will be provided a better care, including providing a higher standard of cleanliness that could have prevented the spread of my staphylococcus infection.

I believe that if I was given that care, I wouldn't have been in hospital for as long as I was and costed the government as much money as I did. I believe that if the nurses and doctor in the emergency room had better equipment, less rushed and followed protocol, I wouldn't have had such severe mental birth trauma and physical trauma on my body.

I believe that having the mother separated from her daughter and support team was inhuman and cruel. I missed out on so many of my daughter's firsts. There should be a ward or system in place for sick mothers and NICU babies to be together.

I feel that due to countless errors with our health system, I was stripped of my choices during my daughter's birth. I do not blame any of the nurse staff or doctors, as it is their management and NSW

health that provide them the situation of lack of staff or equipment to help them in their job. They try their best considering the circumstances. I blame NSW Health. There is lack of care towards there staff and NSW patients. I saw that clearly in the hospital. In the end, due to their negligence I costed them more money in extra scans, additional care and used of a bed for about two weeks longer than usual.

I know that the negative comments made to me by staff have sustained in my memory a lot longer than the positive. People in their most vulnerable state will always remember negative things told to them and more education needs to be provided to all hospital staff on how to talk to patients, as well as a better form of communication in between staff changes on patient's situations, including hospital staff transporting patients between wards to appointments.

My recommendations for change

- Increase staffing and funding to midwives, nurses and doctors. To allow for more time for bonding, education, physical and mental checks with patients.
- Increase resources, equipment and facilities to rural hospitals to provide better care.
- A 24/7 nurses or doctors hotline dedicated to educating the community, as well as physical and mental help to families, new mothers and pregnant ladies.
- Education to all hospital staff on pregnancy symptoms, communication to patients and education on birth trauma on how their words matter.
- Help patients to get into general practitioners easier, to prevent the emergency rooms getting so full.
 - o An enquiry itself needs to be done about that.
- Have a designated pregnancy team on each emergency floor as well as pregnancy facilities at emergency.
- Have a designated birthing ward & midwifery team at all hospitals.
- Provide designated facilities dedicated to childbirth outside of a hospital setting, for healthy mothers.
- Provide a team designated to checking on mother's physical and mental health after birth, including months later.
- Provide facilities in hospitals so that sick mothers and sick babies aren't separated, that they can be treated together.

I want to finish talking to the committee by saying I personally do not know a mother who hasn't experienced some form of childbirth trauma. I ask you all, is the current hospital system failing us? It definitely, failed me and my family. I hope the committee can take my experience into consideration when making a decision on birth trauma within NSW and Australia. I am willing to share my story at the hearing and any further events if required. Thank you for listening to my story.

Madeline Kavanagh