

Submission
No 1034

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth to my daughter in 2021 at a privately run public hospital on Sydney's

Although my labour and birth was generally positive and non-traumatic, I had a traumatic experience after being transferred to the postnatal ward.

My labour was around 24 hours and ended in an emergency cesarean section. After I was transferred to the postnatal ward, my husband was advised he had to leave as visiting hours had finished, despite us being allocated a single bed private room. At this stage I could physically not get up out of bed and I was in acute pain. The ward was severely understaffed and the midwives took 30+ minutes to respond the call buzzer. This meant I was left alone with my newborn daughter, unable to reach her when she cried, was hungry, or if I was concerned about her. I felt frightened, anxious and overwhelmed after a complicated birth and major abdominal surgery, with my husband unable to provide me with physical and emotional support. It also negatively affected my ability to provide nourishment for my daughter and effectively establish breastfeeding during this time. As a result, after two nights I discharged home so I could have the support of my husband, despite really still needing the medical support provided by the hospital for my physical recovery.

During pregnancy I had been informed that as a public patient, if I was in a shared room I would be unable to have my partner stay. However, we were in a single, private room. When I queried why he was still unable to stay with me, I was informed that the hospital wanted to distinguish the experience of private patients from public patients - and incentivise people to choose a private stay.

To me, this is prioritising profits over healthcare - and resulted in damaging physical and psychological consequences.