

Submission
No 1319

INQUIRY INTO BIRTH TRAUMA

Name: Ms Sophie Hall

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Partially
Confidential

My name is Sophie Hall, I live in _____ and I am 33 years old. In November 2020, I found myself pregnant for a second time, having just given birth in February that year. My husband and I had no desire to expand our family again so soon, and so I sought out a termination. Having birthed my first child at home under the expert care of a privately practicing midwife, I sought a similar model of personalised care for what would be, albeit an early one, my second birth. Unfortunately at the time, midwives in NSW were unable to prescribe MS 2-step and manage pregnancy terminations at home so I was forced to turn to the mainstream healthcare system. I was seeking care that was local, quick and involved minimal disruption to our lives. Like many women, I was already considered 5 weeks pregnant when I even found out I was pregnant, which meant the clock was ticking on me being able to access a pharmaceutical termination that could be done in the comfort of my own home with minimal disruption to our lives.

My first point of call was the _____, who were helpful, but due to high demand for their services were unable to see me for approximately another month, by which point my pregnancy would have progressed to a point my only option for termination was surgical. They suggested that if I had the financial resources, I would be better off calling around providers they worked with to seek a private appointment. I was able to get in with a female doctor the next week, and as professional as she was, there were a number of elements of the process that were incredibly disappointing.

Firstly, I was not believed about when I had conceived this pregnancy, which led to a disparity of almost a week between the actual and estimated gestation, putting added pressure on me (financial and emotional) to jump through the required hoops before I was unable to access a pharmaceutical termination. Were it not for the skill of the ultrasound technician, I would have had to pay privately for a second ultrasound to confirm the gestation of my pregnancy, which was barely visible.

Secondly, there was no opportunity for me to participate in informed decision making. An ultrasound is required before a woman can access a termination, the reasons given include determining gestational age and ruling out the risk of an ectopic pregnancy (with no evidence given as to how low that risk actually is). As I was desperate to end the pregnancy as quickly as possible, I jumped through those hoops without question, but there was a heavy implication via the language that was used that I would be denied healthcare had I declined the ultrasound.

Following the termination itself, I was required to call the doctor who had prescribed the medication for me to confirm the termination had been successful. She had gone on holidays, something I had not been informed of so I was palmed off to a young male doctor who obviously had no experience with pharmaceutical terminations of pregnancy.

He suggested I 'take a urine pregnancy test' to confirm whether the termination had been successful or not, with no understanding that HCG would be present in my urine for many weeks to come given the gestation of the pregnancy. Luckily I was aware of this and promised I would call back should it be positive, but I never took the test as I had a number of other indications the termination had been successful.

I feel lucky that this wasn't my first experience of birth, and I went in to it knowing that systematic care is fragmented, non evidence-based and dismissive of women's insights in to

their own bodies. Whilst not traumatic, it was an incredibly disappointing experience, and made me even more determined to never deal with the mainstream healthcare system if I could help it. I am fortunate I had the financial resources - \$500 out of pocket - to overcome many of the barriers to accessing the care I wanted, had I not though, I would have been forced in to surgery, causing further disruption to my life. From the enquiry, I would like to see improved funding and access for termination of pregnancy in the (and everywhere), and the expansion of essential Women's health services, especially ones which provide evidence-based, continuity of care.