

Submission
No 1344

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 7 August 2023

Partially
Confidential

I attended _____ Hospital this year to access a termination for medical reasons (TFMR) due to a prenatal diagnosis, and delivered my much loved and wanted baby.

While thankfully, I cannot fault the care of the midwives who attended my delivery in the birthing suite, the pre- and post-delivery care was of an unacceptably low standard, especially given how common this often-unspoken experience actually is. It also inflicted avoidable trauma at an already incredibly difficult time.

Some of the things that were said and done included a lack of clear referral pathways, both for the termination of pregnancy and for follow-up care, leading to unnecessary delays and administrative hurdles, and a complete lack of timely information provided on pretty much every stage of the process.

I was not given a single flyer until I attended the hospital to take the first mifepristone pill, when I finally received a Bears of Hope bag containing grief and loss hotlines and a flyer explaining the medical termination process in the second trimester. This was despite a two week wait between my first appointment at the hospital and this second appointment.

No information on online support networks (such as those from Pink Elephants, SANDS and Red Nose) or TFMR-specific information was given from the hospital.

No information on what they supplied for memory making, or what I could bring with me to do so, was given.

Very little information was given on labour and delivery, other than the questions I asked. No written information was given, and I can't imagine what this would have been like for a first time mother or birthing parent who would not have yet done any birth classes or reading, and likely would not know what to ask.

At my first hospital appointment, I asked the social worker for information on counselling and cremation options. She proceeded to give vague one word answers suggesting two local suburbs, with no clarification on the service name or location and no contact details or written information given. She then said someone else would come and talk to me about cremation after I'd given birth. Needless to say, I declined to meet with a hospital social worker again, and organised all mental health support and the cremation myself prior to giving birth.

I also needed to travel to Sydney for amniocentesis to confirm the diagnosis, as the only doctor performing this in the _____ was on holidays at the time. The fact that there is only one doctor who can do this in this large and growing regional city is appalling. There was a lack of postnatal

follow up, no scheduled follow-up appointment with the hospital, and no maternal discharge summary issued to my GP, despite multiple requests from me.

I also experienced inappropriate use of lived experience. A health professional saying “well I’ve had lots of miscarriages and a termination” was not hope-filled or recovery-oriented information for someone who had just lost a baby.

One of the worst moments was at my first appointment at the hospital, when I was feeling quite upset to realise that I would have to deliver my baby rather than undergo a surgical termination. I had disclosed I had previously had a traumatic birth and what I now view as an unnecessary induction leading to an emergency c-section.

As I cried, the ob-gyn leaned forward, pulled down his mask and raised his voice, almost yelling "what exactly was so traumatic about your previous birth?", when I had already explained it both to him, and previously to the nurse before he arrived in the room.

I am grateful for the protective supports I did have in place, including the amazing midwives at the birthing unit (who I could not fault in any way), however the vast majority of these supports were accessed in spite of the hospital, rather than through their doing.

I’m also grateful for a compassionate private ob-gyn who provided a free-of-charge phone call. In about the same amount of time as the hospital ob-gyn’s abusive consult, he explained the reasons for a labour and delivery at this gestation, ensured I understood the pros and cons of surgical versus medical (labour and delivery) options. This information, shared kindly, made me realise it was actually my preferred option so that I could meet my baby and avoid risks to my own health and future fertility.

The lack of TFMR information on reliable government, health and hospital websites is appalling. It was particularly traumatising to find information that only referred to termination in the context of "ending unwanted pregnancies". One shouldn't have to turn to social media pages (such as @tfmrawarenessday) and online peer support groups for the only real information out there.

If I could change one thing, it would be to ensure that clear, reliable information is readily accessible to all people experiencing TFMR in Australia through a government-funded charity and phone support line. The UK's ARC - Antenatal Results and Choices is an excellent example.

While this could be integrated into one of the existing pregnancy and infant loss charities, it needs to be adequately funded and differentiated to focus on the specific challenges and decisions that arise with prenatal diagnosis and termination for medical reasons.

Experiences like mine are only going to increase as prenatal screening becomes more widespread and diagnoses increase.

Receiving a prenatal diagnosis, undergoing a termination for medical reasons and saying goodbye to our child would always have been incredibly hard, but there is so much that could be done to ensure birthing people, partners and families feel supported and avoid adding more trauma to their experience.