

Submission  
No 1346

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 15 August 2023

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Partially  
Confidential

I write this submission to state that no other woman should experience what I did during my post-operative birthing recovery in the maternity ward at \_\_\_\_\_ Hospital. The conditions in the maternity ward prevented me from being able to care for myself and my baby and were harmful to my post-birth recovery and mental health. The circumstances that led to my health decline, especially in the first 3 days after giving birth could have been prevented. I write this letter with the sole impetus that at a minimum the post-birth recovery care of women and newborns must be improved. There is no doubt that this would have the twofold benefit of not only ensuring adequate healthcare for women post-birth in the crucial early stages, but also that there would also be associated health system cost savings given the length of time that exacerbated my condition and made the recovery and hospital stay longer.

My submission does not relate to an individual health workers malpractice. Rather there were a complex range of factors that contributed to the decline of my post-birth health.

It is well understood that first-time mums are at a time of great vulnerability in the 48-72 hours post birth. This time is essential for recovery, initiating and developing child care coping skills and confidence including breastfeeding regardless of any additional medical complications that require treatment. This is an essential time for heightened patient care for not only the woman, but also the baby. During my stay at the maternity ward I was seen to by more than 24 different midwives. All these medical staff had different approaches and methods to midwifery for me and my baby. It was common for breastfeeding methods to be contradictory and confusing. Often each of the midwives were too busy to introduce themselves as a midwife/ nurse and to take the time to explain what they were about to administer or do to me and my baby. Often leaving with a parting "good luck" rather than care. There was a shortage of midwives, with some often doing double shifts. I'd often push the buzzer and wait for an hour while my baby was crying and hungry and I was unable to get up after major surgery.

In the blur of the first 48 hours after an emergency c-section, this was a big mental load to have so many different people drop in and for me to make sense of what their role was and the rhythms of all of the things that needed to check me and my baby for. Blood pressure, heart rate, temperature, canula discomfort made it difficult to sleep. Without the facility for my partner to stay the night, I'd often wait for a midwife during the night also reducing the time for sleep and recovery. Constant interruptions meant that I could not sleep and recover leading to my worsening condition and mental state. Food staff visited the room to take orders three times a day and then to deliver food, and clear trays. This accumulates to 9 visits and interruptions to sleep in a 24-hour period. The cleaner visits daily. A stock re-supply person visited to top up glove etc. Within the first 24hrs there was the anaesthetist with a student undertaking their post-operative assessment, the psychologist and obstetrics also visited. The turnstile of the door and interruptions, not to mention the needs of the newborn were catastrophic for my ability to sleep leading to a post birth trauma following an emergency c section which was in itself something I was recovering from.