

Submission
No 1362

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 9 August 2023

Partially
Confidential

Good Morning

You will find attached a letter I wrote in distress to my [redacted] 1/6/22 and re sent after no response on the 13/6/2022. It addresses the stress' my second pregnancy faced due to staff shortages at [redacted] hospital, during my pregnancy I was faced with the fact OB roster gaps meant that if you went into labor during certain times of the week you were required to travel in labor to the nearest town (Orange 55km) for delivery with OB. It also addresses the sad reality of continuity of care being taken away from a community because of staff shortages (I also believe due to governing pressure on how a MGP program should and could be run being very different to how midwife's are actually physically able to run a MGP program).

I received NO formal response from the Hon [redacted], I did receive a phone call from a staffer on the 16/06/2022. She lied to me to say that they were informed by [redacted] OB shortages were not affecting deliveries and that no such births for low risk patients were being transported. However I knew of a mother personally who had been transferred for delivery due to staff shortages. She also told me that they were concerned for my mental health (gaslighting me) and that they had reported me to the hospital for follow up. I was disappointed with this response from my local member.

Another submission.

On the 4/6/2011 I had to undergo a D&C surgical procedure for the removal of a missed miscarriage at 13 weeks. During this heartbreaking time, I felt the loss of some dignity during my procedure. Asked to dress in a gown naked underneath is very awkward when the medication (Misoprostol) used to start the process induces significant bleeding. So when asked to hop onto the surgical bed in theaters I felt embarrassed and exposed as I had been free bleeding over my gown and bed I was lying in was covered in blood. When I woke from my procedure I had one packet of non woven combine dressing placed in between my legs. Unfortunately I was unaware (because this was my first D&C) that there would be vaginal bleeding post operative. I did not have appropriate needs to manage this in recovery. No pads or period underwear with me. I asked for a pad and they didn't have any to supply for patients so I was given two new Non Woven combine dressings to use to make my way home. I waited for my husband to arrive with some appropriate bleeding support before I was able to leave. This procedure would be performed frequently, it is unbelievable that staff are happy to have women free bleed in the time between preparation and arriving into the theatre for surgery and then to be treated with a small combine dressing as appropriate for management of post operative bleeding.

Undergoing a surgical procedure for treatment of a miscarriage is traumatic enough for mothers, to have to face the embarrassment of bleeding on sheets and gowns in front of others is traumatic and dehumanizing.

Staff were both kind and wonderful but perhaps they have never been in this position and not understand how it feels to be bleeding the physical actual loss of a child in front of others is both heartbreaking and devastating thing to experience.

Please find attached the actual combine dressing given to me for management of my bleeding. This is adequate for a graze on a knee not the management of post operative vaginal bleeding.