LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
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Submission Cover Sheet

Inquiry into Maternity Services in the ACT

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It would be more accurate to describe my baby's dramatic entrance into this world as a traumatic extraction rather than a birth. I acutely remember the lack of dignity resulting from such intense pain, the loss of control and complete disempowerment experienced at the TCH Birth Centre in May 2018. It was as if I was screaming underwater, incapable of being heard, or more accurately, unwilling to be listened to. In retrospect it was pure luck (or maybe divine intervention), rather than good management, that delivered me a healthy baby and no enduring physical complications. However, the raw psychological scars remain and cut far deeper than my botched caesar scar – still red, raised and angry.

I started to feel quite ill with fluid retention and carpel tunnel after 39 weeks gestation. Combined with my low platelet count, I brought this to the attention of my midwife. I was clinically tested for preeclampsia, and my concerns dismissed due to the absence of proteinuria. I was extremely fit and something didn't feel right, but I was assured that I was fine. As the days passed with still no labour, I was booked in for an induction at 41+6. This was far too late and unnecessarily risked my baby's and my life.

After 10 days of spurious contractions stuck at 2cm dilated, I finally fell into active labour in the dark hours of a Tuesday morning (41+5). This was after I ignored the midwife's advice to take panadol to enable me to sleep. I found this was killing off the contractions, despite being told otherwise. During this time, I found the 'sadism with a smile' tone of several midwives patronising and unnecessary, as if a first time mother has never before experienced severe pain. I can assure you that as a woman who has lived with and been treated for grade 4 endometriosis – I understand pain, but this didn't feel normal.

I was in active labour for 23 hours in total, which ended in an emergency caesarean. Seated in the bath at the Birth Centre, I asked for morphine to help relieve the pain, after I found the gas ineffective. I was told to get out of the bath, but the morphine never came. I asked for an epidural at the18 hour mark and was advised that this wasn't consistent with my birth plan. This was also the response my husband received on numerous occasions, after approaching our midwife in her office in an attempt to advocate on my behalf.

After experiencing intense back labour and screaming for hours waiting for an anaesthetist, I remember thinking that we don't treat animals this badly. Months later, I found out that I had severe nerve pain caused by a posterior baby pressing on two herniated lumbar discs. I still fail to reconcile why the baby's position wasn't accurately determined at the time.

The epidural was administered when I was 9cm dilated, only after the midwife gave one last desperate attempt to see if I was ready to push. In all, I waited over 5 hours for an epidural. We were later informed that there was only one anaesthetist on duty for the entire hospital. This is beyond unacceptable – it is negligent and unethical.

Minutes after my epidural was administered, my husband alerted the midwife that he could no longer find the baby's heart rate. A discussion then occurred in front of me about which way the baby should be removed. Although I could feel the baby moving, I was told that he was lying on the cord and was at risk. By this time, it felt like there were around 20 people in the room and I was a passive bystander in my own horror show.

I was whisked off for a category A emergency caesarean and elected to go under a general anaesthetic. I was exhausted and already traumatised. On reflection, I went under anaesthetic not knowing whether my baby was still alive. Due to the emergency of the situation, my husband could not accompany me into the operating theatre, although he was told to 'scrub up'. My baby was born 10 minutes later and we were both fine. However, my husband who was waiting anxiously outside the operating theatre wasn't informed for over 40 minutes, until he inquired about our wellbeing with staff.

My baby and I were then separated for 3 hours due to the difficulty in lowering my blood pressure, which kept me in the recovery room longer than expected. Over the next 24 hours, I lost 13.5L of fluid, which the midwives commented was the largest dieresis they had seen. I was diagnosed with late onset preeclampsia. I was pressured to be discharged from the post-natal ward after 48 hours, despite my pain and blood pressure not being managed. Each shift, the new nurse would question why I was/was not on blood pressure medication, and would reverse the previous nurse's decision.

After expressing my concerns, an early discharge was quickly overturned by the doctors who determined that I had bladder retention after failing the trial of void. It was suspected that the nerve between the spine and bladder was either in shock or damaged through labour. As if I hadn't been through enough, I was then re-catheterised by a student midwife without a local anaesthetic. This was after I informed her that her preparation space was in fact my baby's crib-come-change table, which was not sterile. She re-started her preparations correctly, missed my urethra and then thanked me for the opportunity, given she hadn't performed this procedure in "over six months", advising that she's "great with people but struggles with the clinical side".

After a few days, a series of doctors visited my room to ask if I understood what had happened. I was told that I had experienced the beginning of a placental abruption (a large clot was found behind the placenta), that the baby had been posterior and that I likely had late onset preeclampsia. Later, the midwife present during the labour visited my bedside, armed with the baby's ECG. The midwife drew a causal connection between the baby's drop in heart rate and the epidural – suggesting that I would have experienced a complication-free birth if I were only able to handle the pain. In fact, the doctors informed that I was at high risk of haemorrhaging if I did not have a caesarean due to the large clot, the fact my placenta was in tatters and my low platelet count. Histology from the placenta later showed severe inflammation, a knot in the cord, and an inability to nourish a foetus for much longer. I was lucky I did not have a stillborn child and still wonder why the midwife ran this grave risk.

I now consider the bedside visit by my midwife as a cruel exercise in blame attribution and self-indulgent veneration of 'natural childbirth'. It only served to absolve her of any guilt in the matter and sow the seeds of the shame and moral invalidation I later felt. I don't by any means believe that all midwives take this approach. I had a beautiful student midwife through this process and encountered many empathetic, kind, helpful nurses during my recovery in the post-natal ward. Some of these nurses shared their deep concerns about resourcing during my stay, shockingly citing women giving birth in the corridors during the period of my admission. I was told that I was lucky to even have a bed.

On the Sunday, staff attempted to discharge me without adequate pain relief. I was advised that I should "visit my GP in the morning" to access appropriate medication. Following stern words with the senior nurse and my refusal to vacate my room, a doctor from the Birth Suite emerged with a script. I was informed that this could be filled at the hospital pharmacy downstairs.

Being a Sunday afternoon, the pharmacy was closed. My husband and I then made a long detour home with a newborn in tow, to fill the script at the closest after hours pharmacy to get me through the evening.

It has taken a long time to process the whole experience. I am often told that I should feel grateful that my baby and I are both alive and well. I have now arrived at a place of absolute gratitude, but I re-lived what happened for a long time. I felt misguided by the 'active and empowering birth' promoted during the antenatal classes, which equated the nobility of bearing pain with womanhood. I have worked hard to dismiss judgement and re-conceptualise the process not as a birth, but 'giving life'.

The antenatal classes sugar-coated their description of contractions as "an interesting, period-pain like feeling" and need to be honest with women about the realities, including what complications may occur, without attributing blame. Midwives need to stop correlating an interventionist birth with failure, and mental health support needs to be actively offered to women prior to hospital discharge and thereafter. I was naïve enough to think that in Canberra – the capital city of a highly developed country – I would be appropriately cared for in the public system. Rather, I feel that my baby and I were placed at unnecessary risk and experienced avoidable trauma.

To quote vulnerability and shame researcher and author Brené Brown:

> *The most powerful moments of our lives happen when we string together the small flickers of light created by courage, compassion, and connection and see them shine in the darkness of our struggles.*

By sharing our stories of vulnerability through this inquiry, ordinary women such as myself have created flickers of light that shine on the dark, systemic failure of TCH's maternal services. I now urge the Committee to take action. Connect and turn these stories into lessons learned, compassion, training and resourcing, so that future patients are empowered, listened to and treated with the respect and dignity they deserve.

Thank you for the opportunity to make this submission.

Yours sincerely,

A. Grant