



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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

Inquiry into Maternity Services in the ACT

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I gave birth at The Canberra Hospital in 2018. Whilst I did have some positive experiences during my pregnancy, I had significant negative experiences that have marred my perception of midwifery care at The Canberra Hospital.

During antenatal care, I started experiencing mental health issues which increased significantly due to personal circumstances. Upon enquiring about psychological supports services and the risks of me experiencing postnatal depression, I was told that I would not be referred to the perinatal mental health team as they were part of the reason The Canberra Hospital almost lost their accreditation. I was informed that I would have better luck speaking to my GP and that I should seek psychological support outside and separate to my maternity care. This struck me as rather dismissive of my concerns and did not deliver the holistic care I had expected and experienced previously.

During my postnatal check-up at six weeks, my GP did refer me to perinatal mental health as well as Brighter Beginnings. My experiences with the perinatal mental health team were only positive and it caused me concern that I was not recommended this service earlier, even to the point that I was told to avoid their service. The perinatal mental health team contacted me within 24 hours of referral and were extremely proactive in managing my case. I was contacted once a week via phone as I had already been linked to psychological support services that they would have provided a referral for. I was offered in-home support and encouraged to contact them should I require any support. This support, though I only used psychological services, provided me with some relief. I was disappointed that I was dissuaded from these services earlier in my pregnancy.

My birthing experience, despite being traumatic, was made easier to deal with from the care I received from my midwife through the Continuity Midwifery Programme (this was a different midwife that originally cared for me during the antenatal period). I felt safe under this midwife's care and supported in my choices during labour. This midwife was very forthcoming with information and suggestions to help me through; she did not dismiss requests for pain relief and attempted to make my experience positive even when my labour did not progress as expected.

Ultimately, I required a vacuum delivery with episiotomy and I lost a significant amount of blood from haemorrhaging during and post-labour (to the point that I required a blood transfusion). I struggle to remember a lot of details around the actual birth of my child.

During the immediate period after the birth of my child, misoprostol was needed. While my husband did give consent for any necessary treatment, some medical staff did not continue to treat me as if I was conscious (whilst I was conscious, I was having difficulty understanding what was in my interests or what was happening). At this point, one medical staff member attempted to give me misoprostol and, upon flinching, I was told to keep still rather abruptly. Given the rather intimate administration of the drug, it would have been better to have been verbally prepared for the insertion rather than to made to feel childish for flinching and refusing what I, given I had not been spoken to in order to understand what was happening, thought was unnecessary.

In the morning, I was told that I was expected to get into a wheelchair to be transferred to postnatal ward- the team leader wanted the bed. The midwife asked to move me was not aware that I had a catheter and would have difficulty moving due to my blood loss. Upon realisation that she had not been fully briefed on my situation, she became adamant that I would not be leaving in a wheelchair and that she would organise for more a more appropriate transfer. Initially, I felt very uncomfortable, but this midwife made me feel that I was being heard and that she did not expect

me to push myself beyond my capabilities. She was able to advocate on my behalf and was sympathetic to my situation.

Upon admittance to the postnatal ward, I was placed in a shared room. Given that there were no individual rooms available, this was understandable. I was sharing with a woman whose newborn was admitted to special care nursery and, as such, did not have them in the room with her. Whenever my newborn cried, she became increasingly upset to the point of crying. This was traumatising not only to her, but to me as I became increasingly stressed about soothing my newborn quickly.

As I was in a shared room, my husband was not able to stay with me overnight. This proved significantly difficult to me as, having lost a substantial amount of blood, an episiotomy, and having a catheter, meant that I was not able to stand or walk for prolonged periods of time by myself. During the night, I had trouble changing my newborn and soothing him given the amount of pain I was in and dizziness due to blood loss and strong pain killers.

On my second day I requested a pad change as I was still sitting on the same pad from birthing suite. Whilst I was given a change of pads soon after, no help was offered despite my limited mobility. As I was on my own, I was required to wait for my husband to return before being able to dispose of the bed padding. Subsequent midwives were much more proactive in ensuring that the pads were changed as to avoid infection in my episiotomy site.

As I was roomed by the midwife station, I was able to overhear many conversations, including one about myself. One midwife was complaining that I seemingly 'refused' to get out of bed and wanted everything done for me. Another midwife stated that I had a catheter and the obstetrician preferred if I didn't walk unaided due to the amount I had haemorrhaged. To me, this demonstrated that there are some midwives that do not take the time to understand the situation of the women and babies that they are caring for. The original comment made me feel as if I was not trying hard enough and I wanted to leave the hospital as soon as possible. I felt increasingly uncomfortable being roomed next to the midwife station.

As I could not move, I requested to be given clexane or, given I had haemorrhaged and might not be able to have clexane, compression socks. I was told that this was not necessary despite the obstetrician stating that they would consider giving me something to prevent blood clots as it was not recommended I move unaided and would most likely be in bed for a majority of the time. Upon my questioning, I was told that there was no record of me needing anything for blood clots.

During the night, I was under the care of a Registered Nurse for several hours. As previously stated, I was concerned and anxious about soothing my child as to not cause distress to the woman with whom I was sharing a room. As such, I rested my child on my chest for skin-to-skin contact as I was not able to do this in the immediate period after birth. It was also the only way that I could get them to settle and sleep. Upon seeing this, I was told by the nurse that if I did not commence holding my child properly, the nurse would call someone to write a report. I was informed that this was not the way to hold a child and that it did not support their head adequately. I was in a reclined position, supporting my child underneath their legs. This statement caused me distress and further caused doubt over my ability to care for my child. I became anxious regarding who was giving me care as I did not feel that this accurately reflected midwifery practice.

During my stay, my husband and I regularly had to ask for my catheter to be emptied. Overnight, my husband emptied my bag before he left at 11pm and, upon arriving at 6:30am, was concerned that

my bag had not been emptied. The bag was full to the point that it was dragging on the ground. I had asked during the night for my catheter to be checked, but was told they would be back later as they were not there to do that.

As I could not bend to empty my catheter bag, I was reliant on my visitors to help me ensure that the tube did not back up with urine. Many family members were concerned to leave me overnight again in case this lack of care caused an infection in my bladder. I feel that it was unfair to expect my visitors to empty my bag given that the insertion of the catheter was part of my medical care. My husband took it upon himself to make sure the bag was emptied every couple of hours so I did not feel concerned about drinking water.

Moreover, I was a recipient of Anti-D. Repeatedly, I had to ask for my child's blood group to be checked in order to determine whether I needed the final shot to prevent potential complications for future pregnancies. This was only checked when I became increasingly adamant that I wished for my newborn's blood group and an intern organised for this to happen.

My husband noted that there were single rooms that were unused during the course of my stay. However, these were not offered to me or the woman I was rooming with. He became worried that I was asking to be discharged too soon given the trauma of my birthing experience.

I was also readmitted to postnatal ward three weeks later with a uterine infection caused by amniotic sac remaining internally after birth. During this time, I received a much higher standard of care than my postnatal period directly after giving birth. The midwives presented as very understanding towards my situation and a majority encouraged me to parent in a way that worked for my family.

The only negative experience I had was in relation to my use of formula to 'top up' my child as I was not producing enough breastmilk. This was due to my body still recovering and replenishing from my blood loss as well as the current infection. One midwife questioned quite aggressively as to why I was using formula as I was still producing small amounts of milk and could breastfeed my child. I am unsure as to whether she thought she was being encouraging, but given the circumstance, this line of questioning was overwhelming and came across as quite judgemental.

I tried to explain that, considering I was trying to recover from a uterine infection for which I was being treated with oral and IV antibiotics, it was in my child and mine's best interests to use formula to supplement my breastmilk. Other midwives had agreed that it was in my interests to give myself the best opportunity to recover. However, the midwife in question had appeared judgemental and made me feel lazy as to why I was supplementing feeds.

In reflecting upon my experiences, it is clear that a lot of issues during my care came from a lack of communication. I assume this is due to staffing pressures. I would suggest that the handover session procedures are evaluated to ensure that all midwives are fully briefed and understand the women under their care.

Moreover, it was clear that there was a lot of pressure from the amount of beds available. I would suggest expanding the postnatal ward to ensure that women are able to have individual rooms. This would be to ensure privacy, allow for recovery, and to enable partners to stay and aid when needed. I believe that I requested to be discharged much earlier in my postnatal period than I should have due to where I was accommodated and my inability to feel comfortable with my midwifery care.