



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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Submission to the Committee on Health, Ageing and Community Services

Inquiry into Maternity Services in the ACT

30 June 2019

To the Committee

I am writing this anonymous individual submission based on recent personal experiences in the Centenary Hospital for Women and Children at The Canberra Hospital over the course of 6 months. I hope that this feedback will assist the improvement of maternity and related services for pregnant women and premature babies in particular.

1. I ask that the Committee recommend the establishment (or the urgent review, if they already exist) of guidelines about the preterm prelabour rupture of membranes (PPROM).

PPROM is the leading cause of premature births. The guidelines should be accompanied by staff training, including taking the concerns of a pregnant women seriously, the mandatory use of the Amnisure test, follow up ultrasounds, and precautions for internal examinations, whenever PPRM is suspected by a pregnant woman.

It is essential that pregnant women are made aware of the signs and risks of PPRM (including at the time of presenting with bleeding during pregnancy) so that if it ever occurs to them, they know to get urgent help and are empowered to be involved in their own care. An easy to read brochure should be made available to all pregnant women through hospitals and other clinics.

2. I ask that the Committee recommend higher standards of collaborative care between staff and patients, including in the CaTCH program.

This should include providing information to all pregnant women about premature labour and birth, as well as additional early care and information for high risk pregnant women.

In addition, experienced and qualified staff should be allocated to high risk pregnancies, such as ultrasound technicians (rather than trainees or researchers from other areas). Follow up care of pregnant women should be prioritised after birth, particularly for traumatic births (such as avoiding postnatal discharge from CaTCH while still requiring urgent medical attention and prompt referrals to the hospital physiotherapist).

3. I ask that the Committee recommend promotional material in hospitals about influenza, and strict testing and quarantine procedures.

This should include information about vaccinations and how to stop the spread of influenza for pregnant women, babies over 6 months, staff and patients. Consideration

should be given to mandatory staff flu vaccinations or at least exclusion periods for staff with confirmed influenza.

It should be well known that influenza can seriously affect pregnant women and lead to premature labour, as well as affect the unborn baby (such as the viral infection of a pregnant mother being a risk factor for cerebral palsy). Pregnant women presenting with flu like symptoms, particularly during flu season, should be immediately swabbed and quarantined. Quarantine procedures should be strictly followed, such as not allowing equipment from a quarantined room to be used across the maternity ward, and ensuring masks are worn by all maternity staff as well as quarantined patients and their relatives.

4. I ask that the Committee recommend the strict enforcement of the non-smoking signs on hospital grounds, particularly for hospital staff and patients.

This could include the introduction of security staff and fines. Pregnant patients and parents of premature babies should be able to request non-smoking staff where it is detrimentally affecting their health (due to nausea, asthma or chronic lung disease, for example).

5. I ask that the Committee recommend guidelines and training for all hospital staff about respect and professionalism.

This should include recommending staff refrain from inappropriate or racist comments and questions towards patients and their relatives about ethnicity, stereotypes, appearance, accents, marriage, relationships, and other issues completely unrelated to the care of a pregnant woman or her baby.

6. I ask that the Committee recommend a review of neonatal intensive care, special care nursery, pediatric and emergency services, in relation to enhancing their connections with maternity services.

Resources should be increased to allow these essential connections to be enhanced. This should include ensuring resources for pregnant women experiencing urgent and distressing complications to be admitted into the maternity ward, rather than being sent home or left in other parts of the hospital with no means of communicating with maternity services.

Pregnant women at risk of premature delivery should be provided with early and ongoing information about premature birth, including from NICU or SCN. Pregnant women admitted to hospital due to complications related to premature birth should be given the option to access social workers or patient advocacy services early on, rather than at the time of postnatal discharge, or after their premature baby has been born or discharged.

NICU, SCN and pediatric staff should be provided complete histories for the pregnancy that preceded the premature birth so that each baby can be treated based on that history, rather than just the age at which they were born.