



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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30 October 2019

The Committee Secretary
Standing Committee on Health, Ageing & Community Services
Legislative Assembly for the ACT
GPO Box 1020 CANBERRA ACT 2601

Dear

Re: submission is made to the Inquiry into maternity services in the ACT on Wednesday, 30 October 2019 by of

The Terms of Reference to which this submission addresses are as follows:

- (d) Management of patient birthing preferences, including, but not limited to, professional advice offered to patients, and the practices associated with birthing emergencies;
- (f) The efficiency and efficacy of maternity services;
- (h) Patient satisfaction with the services;

This submission focuses on birthing to the midwives' agenda, rather than my own and the mismanagement of my mental health (as I was suffering significant grief during pregnancy) and how this ultimately resulted in a traumatic birth. It touches on the Birth Centre's failure to adequately manage my symptoms during labour, and the lack of post-partum support for post-partum depression.

This submission details how I was proactive and transparent in communicating my anxiety and birth wishes with my midwife and it details how these needs were completely neglected and ignored.

What should have been a joyous experience ended up being one of the most traumatic of my life. And to this day, I feel that this birth was stolen from me.

This submission points out several recommendations which should be considered to improve the service.

Kind regards,

30 October 2019

Which Service are you writing about?

The Canberra Hospital – Birth Centre Program

What is the location of the service?

The Centenary Hospital, Woden

What would you like to tell us about?

To provide context on the experience, which is the subject of this submission, I will provide details on the births of all three of my children to start.

The birth of my third child, and the subject of this submission, was at the Centenary Hospital in Woden on the 2nd and 3rd day of December 2018 under Birth Centre Midwife [redacted] and was a 10 hour first stage and 1.5 hour second stage labour resulting in an epidural, vaginally birthed malpresentation (posterior brow presentation) and post-partum haemorrhage with second degree tear.

This was my second experience with the Birth Centre Program at the Canberra Centenary Hospital with the first experience being the birth of my second child on 19 January 2017 under the Birth Centre Midwife, the late [redacted]. This 2017 experience was exceptional and resulted in me nominating [redacted] for Midwife of the Year. The reason for this was that [redacted] completely understood me and my wishes. He was calm, empowering and patient and this ultimately resulted in what I reflect on as being an ‘enjoyable’ water birth experience lasting 4.5 hrs first stage, .5hrs second stage and no tearing.

My first born was through the Brisbane Women’s Hospital Birth Centre on 9 December 2014 which resulted in a 5-hour first stage, 1 hour second stage water birth with a second degree tear.

My prior births had absolutely no intervention, or any pain relief, at any stage.

I entered this pregnancy with depression from losing my mother to a [redacted] tragedy in [redacted] in the October prior. My mother was very hands-on with my previous births and was my birth partner in addition to my husband on both past labours. I mention this because from the very beginning I was open and up front with [redacted] about my anxiety about giving birth without my mother. To make matters worse, the Coronial Inquest into my mother’s passing was scheduled for the week I was due in November. So, while I was expected to birth my child for the first time without my mother, my entire support network were in Court hearing about how and why she died. This had a tremendous impact on my mental health during my pregnancy.

Upon meeting my Birth Centre midwife, it was clear to me from the very beginning that she was not going to be like [redacted] from my past birth. Her beside manner was abrupt but I dismissed my concerns as I believe wholeheartedly in the Continuity of Care system and trusted that we would eventually develop a trusting relationship.

The key message in this experience was that it was clear to me I birthed on someone else’s agenda. Now even if it had been a perfectly straightforward labour, I would still feel it had been mismanaged.

I was due on the 29 November 2018. I met with [redacted] on the 28 November and she advised to me that the Birth Centre was “full” so she would not attempt a stretch and sweep. [redacted] messaged me each day in the lead up to the 2 December 2018 and advised the Centre was still “full” and there were “no beds” so she would not attempt a stretch and sweep.

I have no memory of asking for a stretch and sweep and have never had one before.

On the 2 December 2018 [redacted] messaged that the Centre was “empty” and attended my home to give me a stretch and sweep at approximately 8.30am. Here she also advised me she was on days off from the 3rd onward so she hoped it would work and happen straight away that day. During the sweep she mentioned that my body was ready to go into labour.

After she left, I immediately started contracting. I laboured at home, until 12.30pm. I spent this time reading over my old birth notes and trying to put myself in the best mindset possible knowing that without my mother this time, and the shadow of the Inquest over me, the odds were stacked against me that this was going to be a simple experience. I had felt the entire time that something was going to go wrong and made this opinion known at every check in with [redacted].

We arrived at the Birth Centre at approximately 1pm where [redacted] had already poured the birthing bath. I noted this as odd and repeated to her that I never laboured in the bath, I’d prefer to wait until I reached the second stage of labour before getting in. She replied that I would be in the bath soon and I looked ready.

After an hour of labouring [redacted] mentioned several times for me to labour in the bath and I eventually conceded against my better judgement and hopped in.

During the bath experience my son was incredibly active during and in between contractions. At this point I was still in control of contractions and was managing their intensity. I recall telling [redacted] that this was different to my past babies and that it seemed odd there was so much movement. She kept saying that I would “have the baby soon”.

At roughly 4pm, [redacted] started talking about “breaking my waters” to “move things along”. I declined knowing that they intensify the pain and believing my body breaks the waters during the second stage as they had twice before – (I believe this is how I was able to get through my past births without intervention) – and I was still trying for a no intervention birth.

At about 5pm I had started shivering through my breaks in the contractions despite being in the bath. I didn’t know this then, but know now, that this was the beginning of a fever which went unchecked until around the birth.

It was around this time that I told my husband that I felt like something was not right and that I was no way near pushing. [redacted] disagreed and kept saying that I would “have the baby soon”.

The shivering didn’t stop and despite [redacted] wrapping me in heated towels and watching me communicate with my husband about how cold I was, my temperature wasn’t checked. I eventually conceded against my better judgement and let [redacted] break my waters. Hoping she was right, and the baby would be born soon.

My waters were broken and as expected I was thrown into chaos. This was the undoing to my ability to control the contractions and my positive mindset.

By around 6pm I was completely out of control, wishing for them to just “cut me open and let me go”. A mindset which upon reflection was traumatic not just for me but my husband.

Still, [redacted] did not provide any reassurance or nurturing positive reinforcement. She offered me an epidural and to be transferred out of the Birth Centre to the Birth Suite.

I accepted the epidural having completely given up on my ability to birth my baby. Something was wrong, no one was listening.

It wasn't until after the epidural took and I was resting that [redacted] mentioned she was going to work overtime and stay with me. That she was unsure why it was taking this long.

Between 10 and 11pm [redacted] checked me and keeping saying that she wasn't sure what she was looking at (it ended up being my baby's forehead). At some point during the pushing stage [redacted] said it finally clicked - I was posterior and bubby's head was coming out sunny side up. She then took my temperature and contacted an Obstetrician and Paediatrician as well as extra midwife support. Obviously unsure if this was going to end in an emergency.

I was assessed and advised that due to my past births there was enough "room" to push baby out without instrumental support. So, I let the epidural wear off and pushed him out with the help of my husband's support and the support of all the ladies in the room. This experience was emotionally one of the most traumatic of my life.

Baby arrived at 00.23am on the 3 December 2018 and I subsequently suffered a post-partum haemorrhage which was managed but left me unable to bond with my baby or control whether there was delayed chord clamping, or adequate skin to skin. I have memory of him being handed to me immediately after birth, but nothing after that for at least 30 minutes.

I believe, from videos taken post-birth, that [redacted] was briefly given to me and then once the placenta was birthed (within five minutes) removed from me to be weighed and given an injection. This again went against my wishes which were to have at least two hours uninterrupted skin-to-skin and delayed chord clamping.

The following day I was told several times from midwives that I was "the talk of the hospital" that "it was very rare for a woman to push out a posterior brow baby without any support or emergency c-section". I wasn't proud of this. I was disappointed that it went on as long as it did, and when I looked at my baby's bruised head, I just saw failure. I hurt my baby; I did that too him. No-one offered any commentary about how I didn't "hurt" my baby. Or ask any questions about how I was feeling emotionally.

Unlike with my previous midwives who I was reluctant to let go, I was thankful to be discharged by [redacted] so the post-partum support period only lasted five days. I made this decision when [redacted] neglected to check in with my mental mindset post birth. In fact, she avoided discussing it altogether. This was different to my past experiences where both my past midwives debriefed my birth in detail in a one-on-one session.

At a second midwife follow up at my home (through the community midwives), it was agreed they would refer me for Post-Partum Depression but when the community clinic called, they advised they were at capacity and had no room for me, so I never saw anyone for my Post-Partum Depression. Another disappointing matter as I was never contacted again.

What would you like to happen?

- Midwives, or OB's cannot assume to know a woman's birth plan. They cannot assume to know the duration of labour and they should never make a mother feel as if they are to birth within a certain time frame.
 - I specifically told [redacted] on a number of occasions that I did not labour in the bath until the second stage.

- I did not want my waters broken as I believe this is how my body was able to manage my previous no intervention births (my waters do not break until pushing)
- I requested at least two hours of uninterrupted skin-to-skin so that my baby settles. This did not happen as I believe needed to see the baby go through this before clocking off for the night.
- Midwives need to listen when the mother says she is feeling something different – especially if that mother has had prior, no intervention, births in the past. If I had been listened to properly, should have checked the baby or put her hand on my tummy as I contracted so she could feel the amount of movement. I absolutely believe that this is when switched positions.
- If a birthing mother is shivering, asking for a heated towel and generally looking unwell, the midwife needs to check for a fever. I should have been checked for a fever much earlier. If I had been given Panadol earlier, perhaps I would have been able to manage the contractions better. I would suggest the implementation of a “Ryan’s Rule” type of program for birthing mothers to feel empowered to raise an issue and have her instincts listened to.
- There must be a better program for managing a mother with significant birth anxiety. I was offered no support network or group, no additional checks for my wellbeing, during pregnancy and was never re-contacted to schedule my post-partum depression treatment.
- There must be a better program for requesting a change of midwife should the patient be incompatible to their personality. I firmly believe that my state of mind would have been significantly improved should I have been under the guidance of or someone of his ilk. For whatever reason, just did not provide me with what I needed and there should have been a safe way for me to communicate this.

Final Remark

I'd like to take this opportunity to officially pay homage to the late by copying a message I shared to a mother's group social media page on the 1st of February this year. I attended his funeral with my 12-week-old son. He is, in my eyes, the absolute epitome of what a midwife should be.

“Today I said goodbye to another person I was incredibly fortunate and grateful to have known.

I learnt so much about the man he was for the first time today, and as requested by his daughter as we said goodbye, I wanted to reflect on his impact and influence in my life.

No one prepared me for the attachment I would have to the people who helped me safely deliver my children. In my eyes, these people are heroes. Midwives.

was my midwife when I had . I was recently pregnant and only just arrived in Canberra. I had no friends and no family. No support of any kind (apart from). And so I received a phone call from introducing himself as my midwife, and my initial reaction was 'hmm...a male midwife...not sure about this'.

But I came to realise in the very first meeting that I was lucky to have . He had faith in the natural process. He was cool and calm and quietly supported and uplifted me as I needed it. He helped me through my most vulnerable hour and did it with such admiration for me. He was truly inspired by women birthing.

When he discharged me three weeks after, I bawled my eyes out. I missed him immediately and rang mum upset and confused over why I was so attached. Mum told me it was normal to have such affection for a person who "gave me" my child. She asked me to text him a gain and see

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if I could stay in touch. Ask if he'd be happy to be a support person to me given I didn't have many people down there. I nervously texted him and he replied, yes.

I learned today that had been in business, had been a truck driver, had four daughters and was the eldest of six boys. I learned he was a spiritual man who was musically minded and chose to become a midwife because in his eyes, midwives were the most 'present 'people he had come across.

He loved to travel and made sure that in each moment, he was his best possible self.

Thank you again for all you did for me and my family. Have a good trip and give mum a hug for me if you see her. Xo "