



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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From: Craig Jamieson

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

RE: Inquiry into the Maternity Services in the ACT

I am happy to provide the following submission into the Committee's inquiry into and report on the operation of maternity services across the ACT, with particular reference to:

- a. Models of care for all maternity services offered at the Centenary Hospital for Women and Children (CHWC) and Calvary Public Hospital (CPH), including, but not limited to, the Birth Centre, the Canberra Midwifery Program, and the Home Birth Trial and whether there are any gaps in care;

All my experiences were prior to December 2009 when the 'new' Centenary Hospital for Women and Children opened. However, I understand that the model changed somewhat and went to a model where parents were isolated from seeing or knowing what was happening around them and that what they were experiencing, particularly in the Neonatal Intensive Care Unit (NICU). My wife and I have had five children, three deceased and two survived. One was full term the other was born at 26 weeks gestation. We spent 105 days in the NICU and I think this gives me some first hand experience to be able to provide comment on.

Being able to see what other parents were going through and being able to relate it to progress of our own child, was invaluable. We were able to see what 'normal' might look like as the rules change when your baby is only 500g and being tube fed and surrounded by bells and whistles. The NICU is a traumatic environment and to be isolated in a 'family-friendly' bubble I think adds immense uncertainty to parents and could increase frustration levels as there are so many unknowns. Separation in the old NICU was good, i.e. far enough away from people so confidentiality could be maintained if needed, etc. but it also allowed very close bonds with other parents to be formed and at the end of the day a very good social support network, which, for us still exists.

We were in the first cohort to trial the live stream video of our baby in the NICU, which was wonderful. I would assume technology has changed a lot over the past nine years, but this feature should still exist and everything to help parents 'relax' somewhat and know their baby is alive, sleeping, doing normal things is very important.

- b. Provision of private maternity services including centre and non-centre services;

No comments

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- c. Management of patient flow, including, but not limited to, wait lists, booking services, and capacity constraints;

We had no troubles or issues with any of our admissions. The staff were always helpful, friendly and courteous. Everything was done when it had to be and we were informed of all the options as required.

- d. Management of patient birthing preferences, including, but not limited to, professional advice offered to patients, and the practices associated with birthing emergencies;

In our situations, we had no options on birthing preferences. We had three emergency and one planned C-sections and a still birth. So in terms of professional advice we could not ask for more. We obviously had many birthing emergencies and could not fault any part of the system. It was fantastic, albeit the outcomes may not have been desired, sometimes babies die. So for anyone who whinges about the system when they have a baby that is well, alive, needs no medical intervention I would suggest they need to pull their head in and appreciate reality of having a baby.

- e. Interaction between the CHWC and CPH with other service areas, including, but not limited to, emergency departments, and operating theatres;

Again, we experienced a lot of emergency departments and theatres and have only positive comments on the whole system, including follow up support post-discharge.

- f. The efficiency and efficacy of maternity services;

Obviously emergencies happen, things happen at strange times and there are only so many staff available. When we had real emergencies, the staff and support where available when needed. Other less important issues were dealt with when other priorities had been dealt with. This is how it should be.

- g. The impact on maternity services on regional participants;

No comments, except that we had people with babies next to us in the NICU from around the region and they were always looked after and where possible, issues dealt with.

- h. Patient satisfaction with the services;

In all of our experiences, with the exception of a minor personality clash with one nurse, which in hindsight, she was only doing her job and doing it very well, we were extremely satisfied with the services.

- i. The impact on staff including, but not limited to, rostering policies and practices, staff-to-patient ratios, optimum staffing levels, and skills mix;

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Skills and staffing levels in our instances, i.e. in the NICU were fantastic. We had a small stint on the post-natal ward and experienced no problems and everything that was needed was available.

j. The impact of technological advances and innovations;

See comments earlier about live streaming of babies in the NICU, awesome feature. This should be maintained, if it isn't already. Or anything to enhance the feature should be done. It is a traumatic experience and anything that helps parents whilst away from the hospital should be encouraged.

k. Relevant experiences and learnings from other jurisdictions; and

No comments

l. Any related matters.

In 2001, my wife was pregnant with our first child. On [REDACTED] 2001, my wife was 24 weeks gestation when complications developed (pre-eclampsia). As a result, an emergency caesarean section was required. During the whole experience and the weeks leading up to the delivery, I cannot compliment the staff and specialists at the Canberra hospital highly enough. They were fantastic. They were efficient, helpful, professional and helped us enormously throughout this time. As this was an early birth, we did not go through the normal admission process and just took what we got. Obviously, at 24 weeks and only 480 grams (one pound one ounce) my daughter (Emily) was transferred to the NICU, where she was cared for. I sat with her for around 18 hours a day while my wife, still recovering did not get to see her for the first three days. The nurses, doctors, registrars, specialists, were the most amazing people. The nature of intensive care obviously requires rules around infection control, number of visitors, medical notes access, after hours access, etc. and whilst for new parents with a very premature baby it may take time to get to understand the reasons for most of them, I was told everything I needed to know and was provided with explanations for everything being done. A very premmy baby is a traumatic experience and we found the support staff and services available very useful and accessible when needed. We were consulted when necessary and advised of options and possible outcomes of various actions. Obviously life threatening decision and treatments need to be made and that is where the experts in charge of the unit were incredible, [REDACTED] [REDACTED], and whilst they did everything they possibly could to ensure Emily survived, we had to make the heart-wrenching decision to turn her life support off on Christmas day 2001. She passed away that night.

The support and care we received during this extremely difficult and traumatic time was overwhelming. We could not have asked for a better group of people to be with us. This includes not only Drs and Nurses, but therapists, social workers, pastoral support, volunteers who are just there to talk if you need. Support for post discharge, funeral arrangement, etc. it was all available. Even the little things like dressing Emily in tiny clothes so that we could take some photos to remember her by. After spending almost over 100 hours in six days hours at the hospital, the majority in the NICU (prior to the refurbished one, which I will talk about shortly), I cant praise the staff highly enough. We had no issues with admissions, treatment, access to staff, advice on what was happening, etc. The team and people in charge were awesome and I believe we received the best neonatal care possible by experts.

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In November the following year, my wife was 38 weeks pregnant and she was admitted to the TCH again for a planned C-section. My son was delivered with no complications and weighing in at a healthy 8 pound 3 ounces. Given our history, the staff were well aware of what we had been through and were unbelievably supportive. The whole team were amazing.

There are probably many staff that I have not mentioned, I also remember a Dr [REDACTED] and a nurse [REDACTED] who were extremely helpful whilst we were in the NICU. All the nurses are amazing and until you have had a preemie baby on life support, you cannot appreciate the importance and expertise these people have and how petty some people's issues are.

Thanks for taking on board my comments.
Kind regards
Craig

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