



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES  
Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)  
Ms Caroline Le Couteur MLA

## Submission Cover Sheet

Inquiry into Maternity Services in the ACT

**Submission Number: 32**

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I am fortunate enough to be the mother of a healthy and happy 24 month old, whom I delivered full term at the Centenary Hospital for Women and Children's Birth Centre. We are very grateful for our child; however, my husband and I feel that the standard of care offered to me and to my baby was inadequate and, in some instances, potentially dangerous.

A few days before I went into labour, during a check-up my midwife was unable to locate my baby's heartbeat on her fetal Doppler. She used a Pinard cone to find it and was assured that everything was fine. She mentioned that she thought her fetal Doppler needed new batteries. This didn't worry me at the time. After I arrived at the Birth Centre a few days later in active labour, my midwife still couldn't find the heartbeat with her Doppler. This went on for around a dozen contractions, which felt like 450 million years but was more accurately probably around 30 minutes. I was then hooked up to continuous fetal monitoring. The heartbeat was quickly found, to my immense relief. I had been scared and distressed when the heartbeat of my child couldn't be found. I tried to stay calm through the process of labouring actively and with the issues of not being able to find the heartbeat, but eventually I found it very difficult. After the birth, my midwife again blamed the batteries in the Doppler.

An incorrectly functioning Doppler should not be allowed to remain in circulation. If my baby were in fetal distress, it would not have been picked up for those 30 minutes. **I ask that the committee recommend some kind of testing and equipment maintenance regime to reduce the likelihood of this happening. I also think that the Birth Centre should have spare Doppler's available for such an occurrence.**

At the birth centre, there wasn't a jug available to fill with drinking water. My husband had to keep leaving the room to bring in small plastic cups with water. This isn't a critical failure, by any means, but would be helpful if mothers in active labour could have easier access to a glass of water.

The CHWC claims to be a baby-friendly hospital in that it is supposed to protect, promote and support breastfeeding. I was discharged around five hours after delivery. In that time, the staff at the Birth Centre forgot to bring me any food, even though I had been in labour all night and had just given birth. Later that day, I had a couple of fainting episodes, which I suspect may have been related to a lack of food. **I ask the committee to closely look at whether low staffing levels are responsible for that, and to look at whether it is a one-off or more common occurrence.**

When I was discharged, no midwife had been able to sit with me for five minutes and help me out with different holds and breastfeeding. I was not able to get my baby to latch very successfully at that time by myself, yet I was still discharged. I have no problem with being discharged early, but I do think that a five to ten minute breastfeeding support session before discharge should be the bare minimum at a so-called baby friendly hospital. **I ask the committee to scrutinise whether inadequate staffing levels are responsible for this.**

I had some significant trouble breastfeeding my child, due to a tongue-tie. However, there was a six-week wait to access the CHWC lactation consultants. Again, this is not baby friendly compliant. We were able to afford private care; however, this may be out of reach for

many families. **I ask the committee to investigate ways to reduce waiting time to access lactation consultation.**

My child's heel prick test was not correctly stored after it was performed. I was informed of this when my child was seven weeks old. I had to take my child to the hospital and hold her down while she screamed in order for the staff to take blood out of her arm. While I have no issue with my child undergoing necessary medical tests, as the results turned out normal, it was a trauma that she didn't have to go through. **I ask that the committee ascertain how to encourage samples to be correctly stored.**

**Finally, I ask that the committee also investigate issues related to birth trauma and conduct by care providers during and after labour. This study may be a suitable starting point. Hodges S. Abuse in hospital-based birth settings?. J Perinat Educ. 2009;18(4):8-11.**