Preamble

Maternity Consumer Network is a leading maternity consumer organisation in Australia, with over 1000 members and member organisations. We have been heavily involved in strategic direction and reforms in the maternity space; including working with the previous government to develop a Woman Centred Care Strategy, the Medicare Review of Participating Midwives, ANMAC Midwifery Standards, presenting to the Stillbirth Inquiry and providing evidence-based solutions to inform the National Stillbirth Strategy, and state-wide strategies for maternity including Queensland's Normal Birth Strategy, ACTs Public System Maternity Plan and many research projects.

Our submission will address the following Terms of Reference:

b. cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;

d. best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;

f. experiences of people with a disability accessing sexual and reproductive healthcare;

i. any other related matter.

We provide a summary of recommendations at the end of the document. The rest of the document provides background information to support these recommendations, including comprehensive references from academic literature.

It is disappointing that an inquiry into reproductive healthcare does not include childbirth in its Terms of Reference; giving birth and mothering is something most women in this country do. Childbirth is an important milestone in women's lives, and getting it right sets babies and mothers up for lifelong better health. It is said that "Australia is one of the safest places in the world to give birth", however there are many areas in urgent need of attention. It is true that our overall maternal and child mortality rates are very low, however health is more than just survival. Our system, and our data, fails to account for other considerations, including women's experiences, pelvic floor health, mental health, and short and long-term outcomes; as well as long-term baby outcomes; and women's subsequent pregnancy outcomes; and how these interact with common labour and birth interventions. The message to mothers when MPs and Senators fail to support the full continuum of reproductive health is: you don't matter. Reproductive health needs to include the full continuum, as defined by the UN[1]:

Reproductive health care should include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood.

Introduction

We believe in a preventative approach to improve outcomes for maternity care driven by greater access to continuity of midwifery carer. Continuity of midwifery carer is where pregnancy, birth, and postpartum care is provided by a known midwife. It is considered the international "gold standard" for maternity care, [3] and has been shown to result in better outcomes for babies, [4] more satisfying experiences for women, [5] be a more sustainable model of care for midwives, [6] and to be cheaper for healthcare systems. [7] It results in lower rates of interventions, including expensive surgical births via caesarean section[8]; and reduces the number of stillbirths and babies being born too early. [4]

Despite a well-resourced maternity system, Australia's outcomes for maternity care demonstrate ever-increasing rates of intervention, [9] birth trauma, obstetric violence, and disrespectful treatment, yet no improvements in any outcomes. [9] Medical lobbying attempts to justify increasing rates of intervention by blaming women's choices and women's bodies, however hospital and clinician factors are more likely the cause.

Over 9 in 10 women prefer to give birth vaginally rather than through surgical procedures such as caesarean section[10]; and they prefer to have their labours start on their own rather than endure the additional pain and interventions caused by induction of labour. [11] There is also increasing evidence that procedures such as induction of labour lead to higher rates of surgical birth and poorer outcomes for babies. [2] When our system uses such high rates of intervention, it has high financial and opportunity costs, as well as taking a mental and physical toll on women and babies.

Women do not have access to the international gold standard of care

Continuity of midwifery carer is internationally recognised as the gold standard of maternity care, [3] however standard care in Australia consists of fragmented care from many individual clinicians, who are often unknown to the woman. Midwifery Group Practice (MGP) is the only option available through the public system, and there is significant variation in its availability around the country. Only 8% of women access it[12] and most hospitals report that the demand exceeds capacity. [13] Access is mostly restricted to low-risk pregnancy, and women can lose access during pregnancy if complications arise[14,15]; even though evidence

shows that continuity of midwifery carer results in better outcomes, [4] improved experiences for both women and midwives, [5,6] and costs less. [7]

Australia's health system should commit to increasing the number of women accessing continuity of midwifery carer.

Women do not have access to care that prioritises long-term health and wellbeing

Australia's maternity care system focuses solely on short-term outcomes for babies, resulting in increasing rates of intervention in an attempt to eliminate even the smallest risk factor for the baby in the current pregnancy. Unfortunately, this results in care that ignores women's health, the health of any future children they might conceive, and long-term children's health.

Australia's caesarean rate is higher than the OECD average at 37% (39% for first time mothers) [9], with a 3-fold unwarranted variance across locations. [16] The rate has been increasing steadily, up from 18% in 1990, 23% in 2000, and 31% in 2010[9]; which contrasts with the WHO's statement that rates above 10-15% do not improve population health. [17] Further, a substantial proportion of planned caesarean births are performed earlier than recommended, without medical indication, increasing risks for babies. [18] Performing so many caesarean sections is expensive to the health system - they attract a longer hospital stay, and there are opportunity costs for operating theatres occupied with these procedures. Overuse of caesarean section has negative implications for women's and children's health, including increased rates of asthma, obesity and poorer development for children born by caesarean[19]; and women wanting additional children after a caesarean experience increased rates of infertility, miscarriage, stillbirth, uterine rupture, and abnormal placental development. [19]

Australia's medical induction of labour rate is unacceptably high at 35.5% (43% of first-time mothers), an increase from 25% (30% for first-time mothers) in 2010. A further 29% of women experiencing spontaneous labour receive labour-inducing drugs to speed up their labour (41% for first-time mothers), [9] meaning that only 25% of women have labour without drugs to start or speed it up. Induced labour is more painful for women and increases their chance of having a caesarean, perineal tearing, and an episiotomy. [20,21] Induction of labour results in increased rates of poor outcomes for babies, including a long-term increase in hospitalisation for infections. [2]

Australia's episiotomy rate is unacceptably high: 25% of women giving birth vaginally are having a surgical cut to their perineum. In particular, the rate is now 46% for first time mothers, an increase from the already high rate of 37% in 2010. [9] Episiotomy is painful and may sever nerves and anatomy important to sexual health. [22,23] When combined with our caesarean rates, half of women (52%), and two thirds of first-time mothers (67%), receive surgery of some kind when giving birth.

Despite unprecedented rates of surgical birth and medically induced labour, short-term baby outcomes are not improving. The proportion of babies admitted to the SCN/NICU has increased slightly from 16% to 18% since 2010; the perinatal death rate is unchanged. [9] Preterm birth rates have not changed, including for Indigenous mothers, who continue to experience preterm birth at 1.7 times the rate of non-Indigenous mothers. [9] Australia is a place of postcode lotto for birth outcomes: there is considerable variation across location, including a 12-fold unwarranted variance in 3rd and 4th degree tears. [16]

Increasing rates of intervention in labour and birth has consistently been associated with poorer mental health outcomes for women, including postpartum anxiety and depression, and birth-related post-traumatic stress disorder. [24,25] Poor postpartum mental health is estimated to cost the economy around $7.3 billion each year. [26]

Australia's health system should commit to reviewing its policies and procedures with an eye towards long-term outcomes for women and babies; and supporting women's right to be free from unnecessary medical intervention during labour and birth, including increasing access to models of care and place of birth choices that result in lower intervention rates.

Rural and remote women do not have access to local maternity care

Since the 1990s, 41% of rural and regional maternity units have closed across Australia, including birth centres. [27] This has limited women's options in where to give birth, been disruptive to work and family, and added significant direct and indirect costs to birthing. Long travel times have resulted in a higher proportion of babies unintentionally born out of hospital (0.7%) than the number of intended home births (0.4%).[9] There is a reluctance to maintain birthing services without caesarean section capability, despite international evidence that having a non-caesarean service is safer than no service; indeed the perinatal death rate for babies born to mothers who live in very remote areas is double that of women who live in other areas. [28]

Closure of rural and regional services disproportionately affects Indigenous women as 26% of Indigenous births occur in remote or very remote areas, compared to 2% of non-Indigenous births. [29] Women are routinely removed from their community at 36 weeks to await birth, disrupting cultural and family practices. During one phone meeting with a translator to women in a remote aboriginal community in the northern territory, women described being forced off country and flown out to Darwin without an opportunity to pack a bag or organise care for other children.

In 2018, Maternity Consumer Network led a Queensland media award-nominated campaign "Bush Baby Crisis" to re-establish rural and remote maternity units. This was on the back of data one of our consumers had seen posted by a member of the Rural Doctors Association of Queensland. The data was that 23.3 babies in 1000 were dying in those areas without maternity services, compared with 6.1 per 1000 in rural towns with maternity services,

linking the outcome to the closure of some 40 rural and regional obstetric units in the state over the years.

For 18 months, media covered stories of roadside births, of rural women being sent home with developing country birthing kits "just in case" they birthed on the roadside, of baby's birth certification location of birth being the road they were born on. As well as research from Canada pointing to how safe rural maternity units are and the increase in born before arrivals.

There is a significant impact on rural communities when maternity is lost. It has a domino effect- once maternity is gone, anaesthetics goes, theatre staff go, midwives leave and there is no availability to do emergency care for any surgeries. Staff become deskilled and it is increasingly difficult to attract and retain staff who won't get to operate across their full scope of practice. [27] reported the Australia increase of BBAs to be 47% and Queensland numbers at 206%, with a reduction of maternity services by 41% and 28% respectively.

The Rural Birthing Index was adapted from overseas, but it is an easy to use guide that needs to be mandated in Australia to re-establish maternity services. It recommends maternity units by the population, demographics and proximity to other maternity services.

Australia's health system should commit to revitalising rural, regional, and remote birth services to improve women's access to timely care.

Women do not have access to place of birth options

Home birth services in Australia have excellent outcomes for mums and babies, including greatly reduced intervention rates[30] and very high satisfaction rates, [31] but are only accessible to a small number of women (0.4% of babies were born at home in 2021). [9]

There are only a few public programs, available in small areas and which have very restrictive entry criteria; women must consent to certain tests and interventions in their birth (contravening their right to informed consent), and may lose access during their pregnancy if even minor complications arise (contravening their right to make an informed decision about place of birth). [31]

Some women can access home births by hiring a private midwife, some of whom will support women's right to choose which tests and interventions they consent to. However, private midwifery is financially impossible for most, with up-front costs of $5,000 to $6,000. Women may receive Medicare rebates for antenatal and postnatal appointments, but there remains no item for intrapartum care, despite the MBS Review of Participating Midwives recommending that it be covered for participating midwives.

Further, the number of midwives attending home births is small, and demand far outstrips the number of women they can care for. There are significant hurdles for midwives to become Medicare eligible, including 5000hrs+ of hospital experience, and to have a collaborative arrangement with another service provider. There remains no provider of an

indemnity insurance product for private midwives, meaning that they practice at their own risk. Because of this, there has been an exemption to the general requirement for medical practitioners to have indemnity insurance for private midwives since 2011. Whilst consumers are keen to see an insurance product, it cannot be at the cost of access and increased costs; insurers should not dictate who is eligible for home birth when there are already suitable consultation and referral guidelines in place.

It is disappointing that little has been done to increase access to home birth, despite all sides of the government supporting it. Outcomes for home births are exemplary, including vastly reduced intervention rates and very high satisfaction with birth experience. Low-risk women are 6 times more likely to have an unassisted vaginal birth when they plan to give birth at home, with no difference in outcomes for babies. Increased rates of out of hospital birth could also free up hospital resources for other use.

Given the many benefits of supporting home births, Australia's health system should commit to facilitating access to care options that support women's right to choose their preferred place of birth.

Indigenous and migrant women do not have access to culturally appropriate care

Aboriginal and Torres Strait Islander women are 3 times more likely to die from causes related to pregnancy than non-Indigenous women, and the perinatal death rate for babies born to Indigenous mothers was 1.5 times higher than for non-Indigenous mothers. In addition, babies born to mothers born in Africa, Central America and the Pacific Islands were also more likely to die. This reflects a serious disparity in access to culturally appropriate care. [9]

Birthing on Country services have shown excellent improvements in the provision of culturally competent maternity care for Aboriginal and Torres Strait Islander women, including one urban service which has seen large reductions (40-50%) in preterm birth in women using the service. These programs are leading the way in best practice for improving Aboriginal and Torres Strait Islander maternal health. [32] Other programs have seen similar improvements in outcomes, but have had trouble sustaining a funding source, forcing program closure or downsizing; this potentially compromises trust in future programs.

Australia's health system should commit to expanding funding for programs like Birthing on Country; and ensuring that successful programs receive continued funding.

Women do not have access to non-surgical birth in certain situations

Many women do not have access to vaginal breech birth, vaginal birth for twins, or vaginal birth after caesarean; many services and clinicians are only willing to do caesareans in these scenarios, despite evidence that caesarean delivery is of no benefit, or even results in

increased risks, to mother and baby. This constitutes mandatory surgery for women who find themselves in these scenarios, which is a violation of their right to bodily integrity. [33,34]

The result of these policies and practices is that clinicians no longer have the skills to manage vaginal birth for breech babies or twins. This is a problem because occasionally women will labour too quickly to perform a caesarean, and if clinicians lack the skills to manage this, these women and babies face additional risk.

Australia's health system should review these policies and ensure that all midwives and obstetricians obtain and maintain the skills necessary to give women adequate care in the context of all kinds of vaginal birth.

Women do not have access to respectful maternity care

Women experience high rates of psychological trauma during childbirth in Australia, with estimated 1 in 3 experiencing a traumatic birth, and 1 in 10 resulting in PTSD,[35] and the number rises for women who have assisted or caesarean births. Women's trauma is often dismissed with the long-standing narrative "all that matters is a healthy baby",[36] however women's and babies' health are intertwined.

The consequences of psychological trauma during childbirth for women include the development of mental health problems, which may persist for many years into the future, difficulties breastfeeding, difficulties bonding with their baby, disrupted sleep, and breakdown of their relationship with their partner. This in turn is associated with poorer growth and developmental outcomes for babies, including emotional and behavioural problems that can persist until adulthood. The Maternal Health Matters 2020 survey found that 20% of responses indicated that their birth experience negatively affected their relationship with their baby. 30% reported that their birth experience negatively affected how they felt about themselves, rising to 50% of women who had a caesarean section.[37]

Mistreatment by care providers is a particular risk for experiencing psychological trauma during birth: it is reported as the cause by two thirds of women who had a traumatic birth.[38] The largest birth experience survey to date revealed that over 1 in 10 women are able to identify mistreatment from their care providers, which is indicative of a much larger problem: it is likely that many more do not recognise being mistreated.[39] Common themes of mistreatment reported by women are:

- Care that prioritises the care provider's agenda [over the woman's health]
- Lies and threats
- Assault

We receive a large volume of complaints from women with the same themes. As a not-for-profit with no funding, we simply don't have the resources to keep up with supporting and advocating for all these women.

Women report that they do not receive enough information to make informed decisions during labour and birth, or receive information biased towards their care provider's preference, resulting in them agreeing to interventions that do not align with their preferences.[40] Informed consent to procedures is an essential element of respectful maternity care, yet a study in 2010 revealed that only 27% of women provided informed consent for induction of labour, 52% for planned caesarean, and 12% for unplanned caesarean.[41] Yet another study showed that maternity care providers had poor understanding of their legal responsibilities and women's rights to informed consent during childbirth,[42] and many policies and guidelines contain coercive language that precludes informed consent.[43] When clinicians fail to obtain informed consent to interventions during childbirth, it is considered medical battery and negligence.

There are many alarming stories published of lies and threats being used to bully women into complying with interventions in childbirth.[39,40] When women attempt to exercise bodily autonomy, have researched what they want for birth, or want to refuse certain medical treatment, they are often met with threats These include "shroud waving" or the "dead baby card": "Do you want a dead baby? Your baby will die unless [you comply]".[40] Women may be threatened with being reported to children's services: one woman in Victoria was threatened with being reported to DoCS for wanting delayed cord clamping. When a Maternity Consumer Network representative called the hospital on her behalf to speak to them about the human rights abuse, coercion, and bullying, they broke confidentiality about her medical and mental wellbeing. Women report being denied water immersion for pain relief (a much cheaper and safer option than drugs) and told that their babies will drown; one doctor from a rural hospital said to a woman: "you don't want to be in that water with dead bugs and stuff".

Women report very traumatic stories of being assaulted during maternity care; they report being held down by clinicians, having clinicians fingers put their hands inside them against their will, and being cut or stitched without consent or pain relief.[39,40] The language women used to describe these actions is similar to that used for sexual assault[39]; and indeed the consequences of such treatment is similar for women.[44] One woman we interviewed for our Faces of Obstetric Violence social media interview series had such significant PTSD her marriage broke down and she was unable to maintain custody of her daughter.

Whilst there is currently more awareness about obstetric violence, disrespectful treatment, and abuse in the maternity space, it has taken large efforts with the media. Bowser and Hill's landmark report in 2010 (below) identified 7 themes of abuse and breach of human rights.[45] These have been instrumental in raising awareness with the WHO and UN, and provided inspiration for the development of White Ribbon's Respectful Maternity Care Charter.[46]

Maternity Consumer Network submission on Universal Access to Reproductive Healthcare

Types of D&A, Corresponding Human Right, respective sub-themes based on literature in the EMR		
Types of D & A	**Corresponding Human Rights**	**Sub-themes identified from the EMR (Khalil, 2020)**
1. Physical Abuse	• Freedom from harm and ill treatment	• Overuse of routine interventions • Hitting • Insufficient pain medication
2. Non-Consented Care	• Right to information, informed consent, and refusal • Right to have choices and preferences respected • Freedom from coercion	• Hierarchical care and limited decision-making power • Limited information for decision-making and consent • Unconsented routine interventions
3. Non-Confidential Care	• Right to confidentiality and privacy	• Lack of physical protection of patient confidentiality • Overcrowding
4. Non-Dignified Care	• Right to dignity and respect	• Verbal abuse • Dehumanized care
5. Discrimination	• Right to equality, freedom from discrimination and equitable care	• Personal characteristics • Language
6. Abandonment	• Right to timely care • Right to highest attainable level of healthcare • Right to companionship	• Lack of companionship • Neglect
7. Detention	• Right to liberty, autonomy, and self-determination	• Culture of bribes and Informal payments

White Ribbon Alliance's Respectful Maternity Care Charter addresses the issue of disrespect and abuse toward women and newborns who are utilizing maternal and newborn care services and provides a platform for improvement by:

- Raising awareness for women's and newborns' human rights guarantees that are recognized in internationally adopted United Nations and other multinational declarations, conventions and covenants;
- Highlighting the connection between human rights guarantees and healthcare delivery relevant to maternal and newborn healthcare;
- Increasing the capacity of maternal, newborn and child health advocates to participate in human rights processes;
- Aligning women's demand for high-quality maternal and newborn care with international human rights law standards;
- Providing a foundation for holding governments, the maternity care system and communities accountable to these rights;
- Supporting healthcare workers in providing respectful care to women and newborns and creating a healthy working environment

Despite this, there is a lack of willingness for maternity providers to uphold this charter, undertake training, or make this available to women so they understand their rights. Maternity Consumer Network is bringing the charter to hospitals in Queensland with our "Better Births with Consent" workshops, however only 9 hospitals to date have completed the training.

A UN report on the Violence and Disrespect of women in Childbirth warned against "the widespread and systematic phenomenon of violence towards women and girls in reproductive services", and urges services to "address the structural problems and root causes of violence against women in reproductive health services, with a focus on childbirth

and obstetric violence."[47] Through the submissions received and other resources, the Special Rapporteur identified manifestations of gender-based violence in reproductive health-care services and during facility-based childbirth. Over 40 submissions from NGOs highlighted the lack of informed consent.

The recommendations from this report need to be applied to Australia: it is something we have been constantly asking for many years. Some specific recommendations adaptable to Australia as a matter of urgency are:

- Commit to ensuring that all clinicians practicing in Australia have a working understanding of women's right to informed consent to procedures during childbirth
- Review all policies and procedures and ensure they enshrine structural support for women's informed consent
- Ensure that data collected on the percentage of caesarean sections, episiotomies, induction of labour, and other relevant procedures performed in a service or by individual private clinicians is published in a manner accessible to women
- Review complaints procedures in all jurisdictions such that women receive fair investigations into allegations of mistreatment during childbirth
- Ensure that clinicians who are found to have mistreated women undertake adequate measures to avoid repeated incidents
- Ensure that women who are found to have been mistreated are provided with adequate restitution

Women with disabilities do not have access to adequate maternity care

It is estimated that 9% of women of childbearing age have a disability. Women with disabilities have higher rates of poor perinatal outcomes, and report poorer experiences during episodes of maternity care. However, women with disabilities are not consistently identified in Australia's maternity care system; there is no systematic data collection, and two thirds of services are unable to estimate the number of women with disabilities seen at their hospital. Most do not offer specialised services or training for staff in disability identification, documentation and referral pathways.[48]

There is an urgent need for the development of disability identification, data collection and assistance services to ensure that women with disabilities receive adequate maternity care.

Summary of recommendations

We recommend that Australia's health system do the following to improve access to optimal maternity care. Note that many of these have also been raised in the Medicare Review of Participating Midwives (2018) and Woman Centred Care Strategy.

- Increase access to midwifery continuity of carer.
- Open and reopen appropriate rural, regional, and remote birth services to improve women's access to timely care.
- Increase and facilitate access to care options that support women's right to choose their preferred place of birth.
- Expand funding for programs like Birthing on Country while ensuring that successful programs receive continued funding.
- Review maternity care policies and procedures to:
    - Consider long-term health outcomes for both women and babies.
    - Support women's right to be free from unnecessary medical intervention during labour and birth.
    - Ensure structural support for women who wish to have vaginal breech birth, vaginal birth of twins, and vaginal birth after caesarean.
    - Ensure they enshrine structural support for women's informed consent during childbirth.
- Ensure that all midwives and obstetricians obtain and maintain the skills necessary to give women adequate care in the context of all kinds of vaginal birth.
- Ensuring that all clinicians have a working understanding of women's right to informed consent to procedures during childbirth.
- Ensure that data collected on the percentage of caesarean sections, episiotomies, induction of labour, and other relevant procedures performed by a service, or by an individual private clinician, is published in a manner accessible to for women to use in decision making.
- Review complaints procedures in all jurisdictions such that women receive fair investigations into allegations of mistreatment during childbirth
- Ensure that clinicians who are found to have mistreated women during childbirth undertake adequate measures to avoid repeated incidents.
- Ensure that women who are found to have been mistreated during childbirth are provided with adequate restitution.
- Develop disability identification, data collection and assistance services specific to pregnancy and childbirth.

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Appendix A: A small collection of Women's experiences of Obstetric Violence from Wagga Wagga Hospital in NSW. More than 30 women sent in their birth stories. We assisted them all in making complaints to the hospital, MPs, the HCCC and AHPRA. The responses from these organisations and MPS were underwhelming, inadequate, and offered no commitment to improve maternity services, no acknowledgement of the culture of violence and disrespect against birthing women, and no assistance for these women who've experienced profound abuse and trauma.

1. - complaint to the Wagga Wagga Base Hospital

Originally written October 2020 over a year after my first birth, I could not face what happened until then.

I edited the complaint today 5.6.2022 to send to the Maternity Consumer Network

Apologies I have repeated myself at one point.

I had preeclampsia in the end, gestational diabetes and was on insulin. One of the Doctors at pregnancy care at Wagga Wagga Base Hospital missed a scan not realising I was on insulin and should have had the extra scan. It was found on the next scan that our baby's abdomen had not grown much in two months. At 37 weeks I was showing some signs of preeclampsia and a lack of fluid around our baby. I had asked if I was considered such high risk why I could not have a caesarean birth. Doctors decided to induce me at 37 and a half weeks. I was given a hand out on this and told if I had any questions to ask, however it definitely did not adequately prepare me for what was to come.

The night before the inducted birth 31/07/2019 the mid wife in charge told me my body would not be ready for delivery and I should consider pain relief. It was agreed that I would have an epidural.

The next day 01/08/2019 my waters were broken in the morning. Contractions came on quickly and were excruciating. They tried between contractions to give me the epidural, I do not understand why this was not given before breaking my waters. Everything happened so quickly. The anaesthetist missed five times. I cried throughout from the pain, the young midwife asked when I was under duress, unbearable pain and near panic attack what I wanted them to do and I said just stop. They then decided to order an ultrasound in an attempt to get the needle in the right spot but by then I was too far along. I gave birth with no pain relief as the gas had made me vomit. I was struggling to push, our baby's heart rate was dropping in and out. They had to use the kiwi and do a vacuum assist delivery, this was unplanned and as a result our son's head is flat at the back. We had our baby at 12.15pm that day. Any medical staff that have assessed him since, claim this was not due to the vacuum. I have photos of his cone shaped head from birth. As a result our son had helmet therapy, however Wagga Base delayed referring us to Sydney due to Covid and kept saying they would keep an eye on it. Instead of consulting Sydney from the start. He only ended up having the helmet for 4 months as it was too late, his skull was nearly fusing. The helmet did

nothing. He also has a global developmental delay. Doctors all say this is not due to the vacuum.

Post birth I had a haematoma in my vagina wall. The doctors in maternity stitched over it while I was awake which was extremely painful. I was left in agony for hours after this asking for pain relief. Even after I told the nurse my pain was 15 out of 10 and she laughed at me. I kept complaining and they finally said the Doctor was in surgery and that I would have to wait for them to be out and approve pain relief. I was in so much pain I must have been crying out. Finally they got a message to the Doctor and I was given a little morphine which took the edge off, however I was still in far too much pain. The doctors finally decided that I should not be in that much pain so they put me into surgery close to midnight. I felt like my voice wasn't heard and that being left in that amount of pain for hours was inhumane. If I had been properly educated about the damage an inducted birth can have, and that with our son's heart rate dropping in and out that he would most likely need forceps or the vacuum I would have pushed harder and had my GP advocate the week before for a planned caesarean.

My vagina was so bruised it was black. I had to have a blood transfusion and an iron infusion from the blood loss. I had migraines every night which stopped me from sleeping. I repeatedly asked for pain relief. And also warned that I have a mental health condition where if I do not sleep I risk going into psychosis. (This was in my hospital notes as I had previous admission to the mental health unit). And it was in my birth plan. I also made every nurse aware of my mental health condition and that the migraines were excruciating. In terms of not sleeping I was told welcome to mother hood. Towards the end of the week the Doctors finally approved two endone on PRN prior to bedtime. This was only approved on day six. When I asked for the endone (for my migraine) the mid wife only gave me one. When I asked about the other one as she rushed out the door she told me it was day six I should not even need it. I burst into tears and my husband asked to speak to the head nurse that night which was .

My mental health and level of pain was completely neglected throughout my stay in maternity and caused a mental health psychosis relapse the following week. I later found out on discharge that staff had wrongly put in my notes that I had a caesarean. This is why the midwife said it's day six you shouldn't need it. (Which is wrong in itself, if a person is in pain staff should be trying to understand why the person is in pain not tell them they should not be in pain). I do not know whether staff neglected to write in my notes about my inducted birth and extremely painful and traumatic natural vaginal birth. Or whether staff over my lengthy stay did not bother to read my notes from the start. Even the next month when I was finally discharged from the mental health unit, the psychiatry registrar even wrote in my discharge summary that I had a caesarean. Why they were writing my discharge summary for my week in maternity ward and two weeks in the orthopaedic ward (because I was too traumatised to go back to maternity, and they had rushed me home due to a bed shortage despite me saying I was not well enough to go home) and not just for my three weeks in the mental health unit I have no idea.

The day after my surgery I was in so much pain I could barely move. I was pushed to get up. I could not sit down for the first few days. I had to go to the toilet in the shower standing up with my husband's support as I could not bend to sit down. Still I was pushed to be up and sitting. I am certain that the mid wives thought I had a caesarean birth and not realised about the haematoma/surgery. I was also terrified that if I sat down I would burst my stitches and I was in too much pain.

The day after my surgery the mid wife I had done my mental health assessment with back in pregnancy care pushed me to try and get into various breast feeding positions despite being in pain. Even though during my mental health assessment I had communicated that I was not to breast feed due to my mental health condition. I had explained that I would try to express and do formula feeds so that my husband could help me with night feeds. She completely ignored my mental health assessment and pushed breast feeding. When our baby would not take to the breast she told me that I needed to express every three hours. I was not in a fit state to question this or stand up for my original plan not to. Morning and night I started to express. The special care nurses later told me that I was too unwell to be expressing that often or at all. Unfortunately it was too late as my milk had come in and I had too. I ended up with painful lumps in my breasts that I had to attempt to massage out and I could barely keep up with my physical recovery let alone expressing as well. This put me at further risk of psychotic episode due to lack of sleep and recovery.

Towards the end of the week I had started to get through to the Doctors. They requested that the mid wives take my baby at night to look after, and I be given adequate pain relief so that I could sleep. However the mid wives would ask that I have my baby until they had finished their nightly hand over and so it was always really late by the time I could get organised for sleep. It all happened too late and I was already at high chance of relapse.

One doctor accused my husband of not helping me enough. She had not seen that he was there every day helping as much as he could. I had words with her and told her that he had his own mental health condition to try and manage and night medication for sleep as well.

On day six my midwife tried to push me to go home as they needed the bed. I said that I was not ready, that I still needed the shower chair to support me (I would hold the back of it to shower, and I still needed to go to the toilet standing up in the shower. I was still in far too much pain and too weak. I still could not sit on the toilet and put pressure on my body. My hands and arms were also bruised and swollen from the nurses taking blood or giving medication too fast through the cannula in my hand. The doctors had to come personally and gently take blood from places such as my feet. This added to my anxiety and pain from the bruising. Meanwhile I was still experiencing agonising migraines and struggling to sleep. As previously mentioned I had special permission from the Doctor to have pain relief. I was allowed to ask for two endone if I needed it. I asked for it and had a midwife give me one. I asked about the second one and was told by her, 'it's day six you shouldn't even need it'. I burst into tears and started almost having a panic attack. My husband had to go get the midwife who was in charge Paula, in an attempt to calm me down.

By day seven the Doctors told me I still had preeclampsia and that is why I had been so sick. They still decided to send me home that day. I still did not feel well enough but they needed the bed. I could barely look after myself let alone a baby. I had to request a wheelchair to get down to the car as I was still weak and in pain. The midwife made a face but still called for one. said to me if I experience migraines call them immediately. I said I had been telling them all week that I was having migraines. I was still sent home. I have only recently read that preeclampsia can turn into eclampsia which can mean terrible migraines, seizures, coma even death. In hindsight I believe that it had turned into that and that it had been overlooked because having preeclampsia post birth is so rare.

At home my husband and I were exhausted however took feeds in turns. In the early hours of the next morning I was so exhausted holding our baby that I started to fall asleep in the chair and could have dropped him.

I was home twenty four hours when I went to the toilet, I tried not to sit down completely and tried not to put too much pressure on my body. I started to haemorrhage. If my husband had not been home to call an ambulance I would have bled out at home. I honestly thought I was going to die, I have never been so scared in my life. I had emergency surgery and survived. They could not decide which part of the hospital to put me in. The doctor wanted me to go back to maternity but I cried and begged not to go. I was taken to the orthopaedic ward. The next day the doctors asked my husband and I if we had had sexual intercourse at home. We were so offended by this question and felt they were trying to pass the blame of what had happened onto us. I was far too injured and unwell to even consider this until months and months later, not to mention terrified. They seemed to take no responsibility for what had happened, for how they had mis managed my situation. That my body clearly was not ready for an inducted birth.

My recovery was further mis managed in orthopaedic ward with nurses too busy to help me take my stockings on and off to prevent swelling. And nurses who did not know how to operate the bed so I could elevate my feet. As a result my legs became extremely swollen. I became in more pain and really struggled to get to the bathroom, I had to use the shower chair like a walking frame. I was in too much pain to sleep again and needed more endone. By this point I could really feel my mental state slipping as I had held on for over a week with little sleep and the amount of stress I had been under. I later discovered with a friend as my witness that the nurses had charted my mental health medication incorrectly. They were giving me a lower dose of my antipsychotic than what I was meant to have. I asked to see the medication draw which was a mess. I tied it up which I have a photo of. And I labelled bags with what time of day I was to have which medication. I have a photo of my morning medication which I labelled for the nurses. I requested to see the psychiatrist and have my medication increased and a plan put in place. However it was too late. Psychosis had started.

I experienced delusions so horrific I thought I was dying or was already dead. I ended up bed ridden lying in my own urine and faeces which I have photos of. I had to be placed under the medical guardianship of my husband for my own safety. They could not move me from orthopaedic ward to the mental health unit until I had recovered enough. We begged them to adjust my medication prior to leaving orthopaedic ward. All up I was in maternity ward

one week, orthopaedic ward two weeks and the mental health unit for three weeks. Six weeks in hospital. Five and a half weeks that could have been avoided. Five weeks away from our new born baby and my husband.

It all could have been avoided if my situation had been better managed and if I had been listened to. I endured the worst suffering of my life and was away from my baby and husband for five weeks. I had since been terrified to have another baby unless I could have a caesarean birth. However even then I was afraid of them missing several times with the epidural again. Part of me thought it would be better to be put to sleep for it but then I would miss vital bonding time with our next baby and there are risks to myself and baby too. Although they don't tell you the baby usually needs oxygen and even resuscitation.

My discharge notes were incorrect. They stated that I had had a caesarean birth. If I had have had a caesarean in the first place perhaps I would not have nearly died and gone through what I did. And my son might not have had to wear a helmet trying to correct his head shape. I feel totally let down but the medical profession, in particular by the mid wives and nurses. For an industry that is supposed to care I question why many are working in it.

I rang and spoke to the head mid wife and thanked her for getting me through my birth and getting my baby here safe. (She stepped in and took control after the inexperienced younger mid wife asked me what I wanted to do. And after another came in and had a go at me for panicking. was the only one who guided me on how to breathe, to actually push properly and gave my husband jobs to do to comfort me. Before came in my husband stood back across the room pale and frozen watching the amount of blood I was losing). When I rang I should have complained, but lacked the strength. I should have complained about the mid wives that were unkind to me. My inducted birth instead of caesarean. Being left in agony for hours. Dismissing my mental health situation of lack of sleep as welcome to motherhood. Going against Doctors orders saying I should not even need pain medication. Doctors sending me home before I felt ready and still sick from preeclampsia. Mid wife pushing breast feeding when she knew my mental health plan. A Doctor judging my husband without knowing his mental health situation. Why I had five missed epidural attempts.

A while later I rang and spoke to NUM of orthopaedic ward. I complained about how things were handled with my situation and the nurses charting my mental health medication wrong. I also complained about how out of hand my mental and physical situation became. replied that he felt he and the team had handled things well under the circumstances. I felt like he was dismissing my complaint instead of taking it further.

I then told the hospital what I would like to happen, assurances that this not happen again to myself or anyone else. I would like an explanation of what went wrong and why and an apology. I would also like someone to pass on an apology to for me yelling at him when in psychosis and thank him for saving my life.

For if I have a future pregnancy I would like regular scans and a caesarean birth to eliminate the risk of blood loss, haematoma and haemorrhaging. I would like an ultrasound from the start for the epidural. Have only Doctors take my blood to avoid bruising. I would like the

catheter to be left in for at least a day so that I can rest. No one to push breast feeding or expressing or getting up before I am ready. Take my mental health condition seriously meaning taking any lack of sleep seriously and my pain seriously. Following my mental health safety plan. My mum to be allowed up there to support when my husband is not. Mid wives to look after my baby at night if need be so I can sleep if my mum is unable to stay.

Since my complaint I have had another baby. Although terrified to go back to Wagga Base I did not have the money to go to Calvary. And if anything goes wrong they send you to Wagga Base anyway. My mum offered to pay for an obstetrician. However initially no one would take me due to me being too complex. actually agreed to see me privately. However it was more than we could afford. He then kindly offered that if he was at the Base hospital when I was due to have my caesarean he would make sure he did it.

Other things that were done well was that I was linked up with the perinatal psychiatrist through SWOPS at Westmead. My GP advocated with one of the perinatal managers behind the scenes. I had the same lovely mid wife the whole way through pregnancy care who said I wouldn't have to retell my story every time I had a check up. She also did a lot of work behind the scenes to try and make sure this did not happen again.

I became very sick and had to have my caesarean at 34 weeks. Staff tried to get me my own room and make sure I was sleeping. The caesarean team were lovely, took their time with the spinal block done by ultrasound. The midwife put calming music on in the theatre room for me. The Doctors and the lady who did my spinal block even came to check on me later. It was a completely different experience, however probably because I had complained.

We lost our second baby to a rare genetic condition last year. We have started fertility. If I am lucky enough to fall pregnant I am scared about what will be in store next time at the Wagga Base Hospital.

2. I am interested in adding my experience to the HCC complaint/ any advocacy the maternity consumer network is doing around Wagga Wagga.

My experience was

- coerced into interventions

-no attempts at obtaining consent or explaining risks

-not women centred care (no continuity, being dismissed).

-poor after care in maternity

- follow up debrief meeting with the NUM was disappointing.

I gave birth in September 2021. For Prenatal care I chose shared care through a GP and the pregnancy care clinic at

Wagga Wagga Base. I had no continuity of care through the PCC.

At a appointment at 40+6 the first thing the midwife said was “we have scheduled your induction”. I had no idea I

was apparently there for an appointment to schedule an induction. They already had me booked in their system for

40+9. as they already had reached capacity for 40+10.

I asked if I could not be induced until 42 weeks, and was told no, everyone is inducted by 40+10 as the risk of stillbirth is too great after this. I questioned this and the midwife said I could ask to talk to a doctor but it would make no difference.

I went into labour before my set induction time. On presenting to maternity after labouring at home I consented to a VEand was told I was 3cm. I asked if I could go home and they said I was better to stay, and I was already admitted by them. A nurse was giving me a cannula, I asked why and she said it is policy and everyone needs one to go to birth

suites. I was admitted at 415pm and went to birth suites. I did not request any interventions or pain relief. At 11pm night shift midwife said I was in early labour and nothing would occur until my waters were broken when staff came on for morning shift. Midwife asked if I wanted morphine to sleep. I said I was in labour and did not want to sleep, midwife insisted I needed to conserve my energy. I refused morphine. For 3 hours that midwife repeatedly said I was in early labour and needed morphine to sleep. A second midwife came in with her to also explain this. I refused morphine many times, I continually said I was in labour and requested they check. I requested midwife feel my stomach, midwife said I was a first time mum and only in early labour. After 3 hours and many refusals I said yes to morphine (2am). I felt I had been dismissed and coerced. At no point were any risks if morphine mentioned.

At 8am the next midwife did a VE in preparation to break my waters, she had been informed at handover I was 3cm. I was 8-9cm on that VE. This was my first VE since 4pm the day before. My waters were broken (no further discussion or consent sought now that the reason for having waters broken had changed and I was not in early labour). There was meconium so I was on continual HR monitoring. Obstetrician came in and said I needed synto as they didn’t know how long I had been that dialated. I refused synto twice and this midwife supported me in that (as I felt I knew when I had transitioned). Baby’s heart rate began to dip periodically and then dropped further. Obstetrician ordered synto and I was no longer given a choice. I was ordered onto the bed (refused but was told I had to). Following this I was not asked for consent at any point in the following interventions; syntocin, vacuum, episiotomy, forceps. There were also 15 staff in the room, however 8 of them were medical students (not consented too). The obstetrician told me as she was giving episiotomy etc what was happening. It was an emergency situation given baby’s heart rate, and she received needed intervention and special care admission once born. After birth I haemorrhaged. I was in maternity for 2 nights. There were whole shifts I did not see my nurse, let alonehave bp etc taken.

I had a debrief meeting with the NUM this year. I was very disappointed with her response to concerns I raised.

-she admitted there was no medical reason documented as to why the midwives insisted on morphine. It was documented I had refused it and had stated I was labouring. As no VE and midwives had not talked to a doctor, before administering morphine and the midwife believed I was in early labour a standing order had been breached.

-the NUM said even if they morphine was administered close to birth it would have been Ok, it just meant baby would have needed an injection.

-NUM said she would email all staff at maternity the policy to read. She did not want to talk to the specific 2 nurses

who had breached about this or their lack of women centred care. I asked her too.

- she said I should have been offered the chance to see a social worker after traumatic birth and that this had been made policy earlier this year.

- I was supposed to have a medical debrief after my birth and this had not occurred.

3. I am writing to you to advise of our very horrendous and the most traumatic experience we have had with Wagga Wagga Base Hospital. Please be advised, this is by far the most excruciating and daunting thing for me to be able to do. However, our story needs to be told and needs to be heard.

This is very long, I do hope you read all of this and see/understand how traumatising this was/is.

Sunday 9th of January (38w5d) I noticed baby slow down in her movements, it was actually quite significant compared to what she was like every other given day.

I presented to Wagga Wagga Base Hospital that evening around 7pm and was put onto a monitor in the Maternity Ward for 30 minutes, all to be told by a midwife “your baby is just sleeping, time to go home now”.

When I had advised multiple times that she wasn’t just sleeping, her movements were so much less then normal.

My gut told me something wasn’t quite right, however being a first time mum, I had no idea.

We proceeded to go home, to which I monitored the movements onwards.

Tuesday 11th of Jan 2022 came around and I still had concern, I presented to Wagga Wagga Base Hospital again, was told to go straight to the Pregnancy Care Clinic.

I had a Midwife & a Doctor carry out a Stretch & Sweep, to be told I need to be induced due to the lack of movement I have been talking about.

Wednesday 12th of Jan 2022 we presented to the Maternity Ward at Wagga Wagga Base Hospital at 3pm to begin the Induction process, again being first timers at this we had no idea what was actually going on.

They carried out a Vaginal Examination at 4pm and then had planted the strip of tape into my cervix, this being in for 24 hours.

Thursday 13th of Jan 2022, I had MULTIPLE vaginal examinations to check what my cervix was doing and if anything was happening, by 4:30pm that day they removed the tape as it had been in long enough.

As soon as the tape was removed I was experiencing significant pains instantly.

We were given the chance for my waters to break naturally over night, however if that didn't happen, they would then be broken first thing Friday morning. By this time we had determined that Marli had turned around and put herself into the posterior position, so we spent hours turning her around and getting her back to the right position (this we had

done by the end). Friday 14th of Jan 2022 The day we'd meet our sweet baby. Little did we know...

The experience we had both longed for had arrived, thinking it would be magical and the most beautiful experience, turned upside down. 7am I was moved from our room to the Labour suite to check to see if anything had changed, the Midwife had decided by then its time to break my waters. I had had a Vaginal Examination carried out to check progress.

8:15am my waters were broken and the Oxytocin Drip was administered along with the Saline Drip. Contractions were coming and going slowly. The Oxytocin was turned up to bring on the contractions more and more to get things going. 10am 2 Female Doctors & 1 Male Doctor came in to introduce themselves as the Doctors scheduled on that day and if we were to have a Cesarean then they would be the ones to do it.

They carried out a Vaginal Examination to check progress.

They read through my Obstetricians notes from throughout my pregnancy and noticed a note about there being a Cyst located on one of my ovaries and asked the question that if we end up having a Cesarean then would we want to have the Cyst removed at the same time. They left that thought with us until/if a Cesarean was to happen or we could opt to have it removed at a later date. We decided that IF a Cesarean was to happen then we would opt to have the Cyst removed at the same time.

As the day progressed, so did myso did my Labouring experience, everything was intense, painful, exciting & very full on. 1:55pm I asked for the Epidural, this was administered and I began to relax more. 4pm I had slept for 2 hours all while contracting and continuing to progress. 6:20pm I woke again after a very brief nap to find myself shivering and extremely cold. I was shaking and could not control it. My Midwife checked my temp and found it to be high, so therefore administered strong Antibiotics through the Piggyback line in my Cannula.

7pm Our Midwife carried out another Vaginal Examination to check the progress. The midwife had found that my cervix had completely thinned out and the Anti Lip had gone, she had then proceeded to pull my Cervix over head. 8:30pm One of the Female Doctors from earlier in the day came in to check progress and displayed extremely poor attitude towards the Midwife and brought awful energy into the room while I was actively contracting.

Our Midwife proceeded to ask the Doctor to administer another Cannula into my Left arm as the one I had in on my right arm had come loose. The Doctor failed to insert the Cannula over 6 times in 2 different places on the same vein, thus creating an awful bruise left on my arm along with it being very painful and tender. The Doctor eventually gave up and began to leave the room, our Midwife asked this Doctor to call the Anaesthesiologist to come and insert a Cannula with the Doctor responding with 'I am NOT calling the Anaesthesiologist again" and proceeded to leave the room. The Midwife then called for the Anaesthesiologist to come and administer the Cannula - which was done with easeand NO pain or discomfort at all. 8:50pm another Vaginal Examination was carried out and it was found that I was 10cm Dilated and it was time to start pushing. 9pm I started actively pushing, I was doing everything right, I was pushing I the right areas. Our midwife could see everything protruding and starting to come properly. My Husband and Midwife were helping me with my legs and helping me with EVERY push.

All pushes were happening with 4-5 pushes within a 10 minute time frame. 10pm came and our AMAZING midwife advised she had to leave, she took a double shift to stay with us all day and could not take another shift - we loved , she was an amazing woman, a great help and the right type of person to help me deliver our baby.

10:10pm The awful Doctor from earlier came in demanding that I have a Cesarean as I wasn't getting anywhere, stating I had been pushing for far too long and that I needed an emergency Cesarean ASAP. I looked at my husband with confusion written all over my face, I had no idea what was going on let alone he had any idea. Everything was going so extremely smoothly with not a single flaw...until this nasty horrible Doctor took over.

Before we knew it we had another Midwife in the room along with other people. The Doctor had the WORST attitude I have ever come across, arguing with the Midwife on wether this was an Emergency, wether the Surgical team were needed ASAP or in a couple of hours. The Doctor couldn't tell the midwife, she kept saying "I want them here ASAP, but within the hour"...What is that supposed to mean? I then blinked and had a room full of people.

The arguing continued between the Doctor and the other staff, whether I go into a new bed or stay in the one I was in, it was VERY uncomfortable and VERY unnecessary. I then had the Doctor in my face with a form saying that needed to sign then and there to say I have given consent to try the Forceps, failing this will need a Cesarean & have the Cyst removed,

I was given absolutely no time to read the full A4 page of information, my Husband wasn't allowed to sign on my behalf, even though he is my NOK. I was forced to sign this document without any consultation or communication as to why I was needing to have a Cesarean when approximately 20mins earlier our Midwife had been with us progressing completely 100% naturally and smoothly with no distress or discomfort at all. It wasn't until 11:15pm that I was wheeled out of the Birthing Suite to theatre, where my Husband had to follow pushing our Baby's Hospital bassinet and nothing else for her.

I was taken into the prep room to have my Epidural turned up and to start the process.

11:23pm I was taken into theatre where my Husband had to wait in the preparation room until I had been placed onto another bed. They placed me onto the bed and DID NOT carry out any attempt to try and get out with the Forceps as they advised on the From I was forced to sign. They then covered me in the Pre Surgery Betadine and then invited my Husband to come in. My Husband sat next to me while they began to get out...

11:46pm WAS BORN! Yay.

From here they showed us over the sheet, and took her over to table to sort her out. My Husband was then taken to attend to her and cut her cord.

The next part we were not prepared for, I don't think anyone would ever be...

was handed to my Husband and he brought her over to me, my first real sight of her.

After was born, they were removing the Cyst. We were advised this process would take an hour if not less and then we'd be taken to recovery and then back up to the Maternity Ward. The cyst was removed with no complications and everything else checked over to make sure ut was all okay. They then put me back together and were about to stitch me up when the person who counts the utensils stated they had mis counted and were missing a 5cm piece of gauze. They had lost a 5cm piece of gauze inside my body....so out came all of my insides, everything was pulled out and placed on a sterile tray. They were digging around inside my body and up under my ribs everywhere looking for this missing piece of gauze. A 1 hour procedure turned into a 4 hour procedure.

During the process of locating this Gauze they had brought in an emergency X-RAY team who had to be called into the hospital. They were X-Raying my body from my chest to my pelvis constantly back and forth trying to find this Gauze...

While this was happening, my Husband was holding our brand new baby, we had NO idea what was going on, we weren't being told a single thing. My Blood Pressure and Heart Rate dropped significantly, I stopped breathing on multiple occasions and had the Anaesthetist tapping me on the face telling me to wake up and keep breathing and to focus on my breathing with my eyes open.

I was laying there, unable to move my arms that were stretched out either side of me, I was freezing cold unable to stop shivering, unable to keep my eyes open and just kept closing them. Any time I closed my eyes, I stopped breathing. The two Female Doctors over the top of me doing whatever they were doing, while they were chatting in their own language and laughing.. me not knowing what on earth was happening.

No-one had any idea what was going on, it was all kept a secret while they thoroughly checked everything inside of me, while people were rushed in and out of the room.

My Husband was then removed from the room with our daughter along with the Anaesthetist as they both were worked up not knowing what was happening, not being told a single thing.

My Husband stood there watching his wife loose her breath, watched her heart rate go flat on the screen, watched her slowly die because of these despicable people and the incompetency of what was going on.

WE HAD NO CLUE ABOUT A LOST UTENSIL.... Not a word was said about it...

It wasn't until one Doctor was stitching me back together that the other Doctor came around the end of the sheet to see me and said "I'm sorry, we accidentally lost a utensil inside of you and were unable to locate it all this time, however the birth went well, and the cyst was removed" COMPLETELY disregarding the fact I was laying there dying...

In the end of this, once I was stitched up and cleaned up I was told... I was told what had happened....

THE LOST UTENSIL HAD SLIPPED UNDER THE STERILE SHEET ON THE TABLE NEXT TO ME..... it in fact NOT lost inside me all of these hours. It had slipped away, they didn't check under the sterile sheet before they ripped out my organs and pushed, pulled and prodded throughout my insides for all of those hours...

FINALLY at 3:30am Saturday 15th of Jan 2022 I was wheeled out of theatre, to meet my daughter who had all of that time without precious time to bond, feed & to be a family of 3.

From there the real pain began...

The pain of what we had just endured, how to move forward from that, what repercussions will this have on our relationship, on our daughter.

The pain my Husband has to forever live with seeing his wife lay there completely out of it, her heart rate going completely flat, shivering so much she couldn't control it.

The pain my Husband has to forever live with as the Memory of his first born child coming into the world.

The pain my Husband has to forever hear the Anaesthetist telling his wife to keep breathing, keep your eyes open.

Come On you can stay alive...

The pain I have to live with as the Memory of my first born child coming into the world, the ongoing suffering I have had to deal with because of this traumatising experience..

The anxiety, the stress, the heartache, the confusion, the questions.... Its all so raw, and it forever will be.

No amount of Counselling or talking to someone will EVER be able to fix or mend the repercussions of this disgusting act.

You tell me how someone can try for any more children after experiencing something as brutal as that.....

What you don't know is that our baby girl is our Rainbow baby, our Miracle baby our absolute greatest gift.

We tried for over 3 years for her, after being diagnosed with Endometriosis & Polycystic Ovary Syndrome & having my left tube removed late 2020. Our baby is what we had yearned for, for so many years... and the excitement of birthing her was forcefully ripped out

of my hands...just like that!

I will also add that the Midwives we had from Wednesday the 12th of Jan 2022 were none other then AMAZING, along with the Nurses we had.. they were all so Kind, Calm & Compassionate.

It is the Doctors we have a major problem with, the lack of empathy from them, the poor attitude they displayed infront of my Husband and I.