

Dear Secretary,

I am writing to the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania, because I need to share my story.

My name is [REDACTED], I live in the greater Deloraine area. I have three children. I would like to address the trauma and disrespectful care that I experienced here in Tasmania (at the Launceston General Hospital).

My pregnancy was not easy, I had gestational diabetes, I was induced at 36 weeks, I ended up having an emergency caesarean due to my placenta abrupting. My baby scored poorly on the APGAR scale and spent 10 days in the neonatal unit. I didn't get to see my baby until after I'd recovered from the caesarean surgery.

I was feeling very weak and quite sad and I recognise now that the sadness didn't lift while I was in hospital (6 weeks after the birth I was diagnosed with post natal depression and my baby stopped breast feeding).

An incident occurred a couple of days after my baby's birth. I was in a 2 bed room by myself which was nice and I was feeling grateful for as I was very sad and missing my baby; when without any notice from any hospital staff, a family came into the room to use the other bed. This other family was very loud and expressing much happiness for the pending birth of their child, but as you can imagine this was very sudden for me and unsettling.

I decided to go to the nurse's station and let them know how upset I was that I hadn't been made aware prior to the family entering the room. It was an older, more experienced nurse who I spoke to and her manner was very abrupt and cold. She didn't understand why I was upset and she pointed out that 'this is a public hospital' and I don't get those choices. But it was her manner that was upsetting to me, she could see I was becoming more upset with her lack of compassion and her harsh tone, yet all this seemed to do was anger her more. I started to cry as my husband approached me and asked what was going on. When we started to walk away towards the neonatal unit, the nurse followed us shouting at me – it was at this time I started to run to the unit, where I was let in hoping to be safely away from the nurse's verbal attack, and able to see my baby who I was missing so much. But I was wrong- she entered the unit, still shouting, where my husband, my older daughter and I were all backed up to a wall trying to shield ourselves from her. At this time other staff in the unit intervened and had her removed. I filed a report in regard to the incident, resulting in someone higher up speaking with me and they issued a verbal apology; I later received a written apology from the hospital. I went home that evening to take a break and the next day the nurse tried to approach me with a "sorry, but". I told her to get away from me which she did. In the letter of apology I received I was also told that the nurse had taken leave and I found out that she had previously been unwell and had only recently returned to work when the incident with

me had occurred. As a vulnerable, traumatised postpartum mother I was not seen and I was not heard, and when I tried to speak up I was attacked and shut down. I needed the same attentive care that my baby was receiving in the neonatal. Not to be treated the same as every other new mum, because we are not the same - all our experiences are different and there needs to be resources to cater for the mums who have not had the happy outcome they went into the hospital expecting. And of course to not be verbally abused by the staff.

This is a crucial point in a woman's life – where they give birth to life itself. The journey and outcomes effect a woman's whole life and their bonding and life with the child.

SOLUTIONS

The recommendations that I have are:

- Respectful and compassionate care for women with traumatic birth
- Improved support for early pregnancy loss
- Easier and wider access to midwife led continuity of care models
- Access to a known midwife
- Access to publicly funded homebirth, birth centre or a birthing on country program
- Better birth education
- Access to unbiased evidence based information
- Legislation on informed consent
- Mandatory trauma-informed training for clinicians
- More funding for post-partum care, such as physio, social worker, lactation support

Kind regards,

[Redacted Signature]