

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Wangaratta — 25 October 2017

Members

Mr Paul Edbrooke — Chair

Ms Cindy McLeish — Deputy Chair

Ms Roma Britnell

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Witness

Ms Megan Rickard.

The DEPUTY CHAIR — I now call Megan Rickard. Thank you, Megan. If you could give your name and just let us know where you are from to start.

Ms RICKARD — My name is Megan Rickard. I live in Wangaratta. I am here just on an individual basis to share my experience of the hospital here in Wangaratta. I have type 1 diabetes. I am dependent on an insulin pump to keep me alive, and therefore I am classified as a high risk when pregnant. There is so much preparation I went through before I got pregnant. It is a well-thought-out and planned procedure. It is also important to note that I have a 3.5-year-old daughter, who I birthed via emergency caesarean at Northeast Health in December 2013 with little complication. My son Max was born via an elective caesarean on 9 June 2016, weighing in at 11 pounds and 2.2 ounces thanks to my diabetes.

Please allow me to give credit where credit is due and congratulate Northeast Health on employing a simply amazing obstetric and surgical team. Everything about the actual surgery went really well. The team worked well together to ensure that I was kept safe and that Max was born safely and without harm. I even enjoyed a joke or two with the obstetric team whilst in surgery. They made me feel at ease and ensured I was kept informed during the entire surgery.

Complications and incompetence first began when I was in recovery. I was teamed with a graduate midwife on her first shift at Northeast Health. She had very little knowledge of type 1 diabetes, the possible complications and risks to me, but more importantly to Max. I know this because she admitted this to me during surgery. When I asked her if she had read my birth plan, she said she had not. Whilst recovering from major surgery I had to take the lead and ask the nurse to check Max's blood sugar. When she finally did this, his blood sugar read low, meaning it was below 1.1 millimoles, a dangerous level for a baby who had been born less than an hour ago. I told her I needed to breastfeed Max, something I am very passionate about, to which she replied, 'Perhaps we should give him some formula'. When I politely refused and asked her to assist me with breastfeeding, she scoffed and said, 'You're one of those mothers'.

When I got back to my room after being in recovery my mother was waiting for us. I asked her to hold Max while I got my pain under control, and she immediately commented that he was sweating and shaking uncontrollably. The graduate nurse shrugged her shoulders and said it was normal. I asked her to take his blood sugar again, only to have it revealed it was low again. I asked her to refer to my birth plan, and in that an IV drip was to be put in place as breastfeeding was not working for us to raise his blood sugar. She informed me that Max needed to go to the special care nursery to do so. I said that was fine. Whilst in there, Max was given formula against my wishes and without consent. He also had an invasive procedure done on him without my or my husband's consent.

Things began to escalate once they had established that Max's blood sugar was not rising even with medical intervention. Because staff had left me in such incompetent hands and the maternity ward was completely understaffed at almost all hours of day and night, Max's condition worsened quickly and he did not receive the medical attention he needed. Because of this it was decided that Max needed to be flown to the Royal Women's Hospital in Melbourne. This was without a doubt the single most traumatic and mentally debilitating thing that has ever happened to me. Max was taken away, I was informed that I could not go with him and I was not able to see him for the next three days. In the end I actually discharged myself from hospital and I had to get my sister to drive me down to Melbourne to meet with my son, something that I believe should not have had to happen. A recommendation from me would be to provide medical transport to and from major hospitals in the event that a mother and child have to be separated.

To add insult to injury, once Max was taken away from me and flown to Melbourne, I received next to no support for the following three days. I was treated as though I was an inconvenience, as though I was taking up room for no good reason, and I often overheard staff talking about bed 3, which was my bed, being without child and waiting to go home, something I found deeply offensive. I was not offered any support after giving birth and having my son removed. I did not get any help establishing breastfeeding from the midwives. It was just lucky that I had done plenty of research and I knew what I needed to do to ensure that I could still breastfeed Max when I finally got to be with him. I was only given what I needed — medication and a breast pump — when I asked multiple times, and I was often told I needed to wait because there were other women who actually had a baby with them, that they were a priority. I was told in the middle of the night when silently crying to myself that, 'It's good to see you acting like a human; we all thought you were a robot, showing no emotion after your baby left for Melbourne'. A little compassion training would not go astray here either.

I pride myself on educating myself on issues that affect me and my family. I knew every single possible complication that could have happened with me and Max, made an educated, informed decision about the birth of Max and had a comprehensive, detailed and well-developed birth plan that was completely disregarded. I knew that there would be a high chance that Max would be born with hypoglycaemia. I had an action plan that I developed in consultation with the wonderful women at the lactation clinic, paediatricians, obstetricians and my endocrinologist. I am appalled that such an important, well-informed document was essentially thrown to the side and all of my hard work and research did not matter to any of the staff on duty.

I struggled for a long time after Max. When he was five months old, with the help of my husband and my mother, I accessed the wonderful services at the early motherhood service, where an incredible woman ensured that my mental health was put first. She developed a plan with my GP, who then diagnosed me with PTSD. With a lot of love, care and hard work, and a few meds along the way, I am proud to say that I am better. I am dealing with what happened to me and my son Max. I am enjoying my kids, and I am grateful that Max is still here.

I cannot change what happened to me; however, I can change the future and the births of more children to come. Women are at their most vulnerable point in their lives when giving birth, and the after-care they receive is paramount to establishing the mother's mental health, connection to her child and wellbeing for the future. Thank you.

Ms BRITNELL — Well done, Megan.

The DEPUTY CHAIR — Thank you, Megan. You did really well with such a sensitive topic, and I am glad things are going well now.

Witness withdrew.